

Steven L. Beshear

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

Robert D. Vance

Governor

Secretary

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
PHONE (502) 564 – 3410
FAX (502) 564 – 5105
www.kentucky.gov

March 14, 2008

Mr. Gary Asher Appolo Fuels Inc P.O Box 1727, Wesr Winchester Avenue Extension Middlesboro, KY 40965

Re:

KPDES Application Complete

KPDES No.: KY0049158

Appolo Fuels Inc

AI ID: 105

Activity ID: APE20080001

Bell County, Kentucky

Dear Mr. Asher

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on January 28, 2008. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 652.

Sincerely,

Allen Ingram II

Environmental Engineer Assistant I

KPDES Branch

Division of Water

ALI

Enclosures

c:

London Regional Office

Division of Water Files



Box 271 2550 W. Hwy 72 Suite 1 Harlan, Ky 40831

E-Mail: rlee@Howrdeng-geo.com Phone: (606) 573-6924

Fax:606-573-9543

January 24, 2008

Natural Resources & Environmental Protection Cabinet Department for Environmental Protection Division of Water Frankfort Office Park, 14 Reilly Road Frankfort, Kentucky 40601

3008 8 8 NAL

Subject: Appolo Fuels, Incorporated

NPDES No.: KY0049158 (Renewal Application)

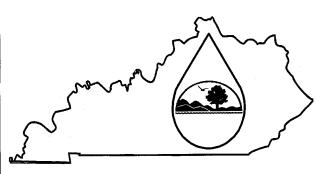
DSMRE No. 848-8005

Dear Sir:

Attached please find Form 1 and Form C for the above referenced KPDES permit renewal application. A General Location Map on the Harlan/Rose Hill 7 ½ minute, USGS topographic map and a cashier's check for \$640.00 for application fee, have been included. Please contact our office if you need any additional information.

Sincerely,

Robert Lee



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JAN 28 2008

PERMIT APPLICATION

This is an application to: (check of	one)	A complete application	ion con	sists	of this	s form	and or	ne of the	
Apply for a new permit.		following:							
Apply for reissuance of exp		Form A, Form B, For	rm C, I	Form	F, or	Short	Form (C	
Apply for a construction pe	rmit.					1/_	1 .1	1200	
Modify an existing permit.		For additional infor				41	la V	0,00	
Give reason for modification	on under Item II.A.	KPDES Branch (50	12) 564	-341	0	<u> </u>	<u> </u>	ļ	
	D CONTACT INFORMATION	AGENCY USE	0	0	4	9	1	5	8
A. Name of business, municipality, comp	any, etc. requesting permit								
Appolo Fuels, Inc.		C. Facility Owner/	/Mailin	~ A &	Arona	W			
B. Facility Name and Location	F. 43 L. 1. 15 L. 15	Owner Name:	/iviaiiiii	g Au	iui ess				
Facility Location Name:		Owner Name.							
Appolo Fuels, Inc		Appolo Fuels, Inc.							
Facility Location Address (i.e. street, road	1, etc.):	Mailing Street:							
West Winchester Avenue Extension		P.O. Box 1727, West V	Winchest	er Ave	enue Ex	ctension	1		
Facility Location City, State, Zip Code:		Mailing City, State, Zip							
			-						
Middlesboro, KY 40965		Middlesboro, KY 4096 Telephone Number:	33						
		606-248-1535							
A. Provide a brief description o	f activities, products, etc: Sedimen	t Pond Discharge/Coa	al Mini	ng A	ctivit.	ies.			
B. Standard Industrial Classificat	ion (SIC) Code and Description								
Principal SIC Code &									
Description:	1221 - Same as "A" above								
•					1				
Other SIC Codes:					<u> </u>				
III. FACILITY LOCATION									
A. Attach a U.S. Geological Surv	vey 7 ½ minute quadrangle map for	the site. (See instruct	tions)						
B. County where facility is locate	ed:	City where facility is	s locate	ed (if	appli	cable)	:		
Bell		Bennetts Fork							
C. Body of water receiving disch	arge:								
Upper Cumberland River			1 (1						
D. Facility Site Latitude (degrees	s, minutes, seconds):	Facility Site Longitu	ide (de	grees	s, min	utes, s	econas):	
36-36-03		83-45-14							
E. Method used to obtain latitude	& longitude (see instructions):	USGS 7 1/2 topogra	ıphic qı	uadra	ngle 1	map			
F. Facility Dun and Bradstreet N	umber (DUNS #) (if applicable):	N/A							

IV. OWNER/OPERATOR INFORMATI	ON THE		
A. Type of Ownership:			
☐ Publicly Owned ☐ Privately Owned B. Operator Contact Information (See instru		Both Public and Pri	ivate Owned Federally owned
Name of Treatment Plant Operator:	uchons)	Telephone Number:	
N/A		Telephone rumber.	
Operator Mailing Address (Street): N/A			
Operator Mailing Address (City, State, Zip Code): N/A			
Is the operator also the owner?			? If yes, list certification class and number below.
Yes No No		Yes No	
Certification Class: N/A		Certification Number:	· · · · · · · · · · · · · · · · · · ·
W EVICTING ENVIDONMENTAL DED			
V. EXISTING ENVIRONMENTAL PER Current NPDES Number:	Issue Date of Current Perr	nit.	Expiration Date of Current Permit:
KY0049158	7-30-2004		7-31-2008
Number of Times Permit Reissued:	Date of Original Permit Is	suance:	Sludge Disposal Permit Number:
6	7-26-86		N/A
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit	: Number(s):	
	807-8005		N/A
CATEGORY Air Emission Source	EXISTING PER	RMIT WITH NO.	PLANNED APPLICATION DATE
Solid or Special Waste	N/A		
Hazardous Waste - Registration or Permit	N/A		
VI. DISCHARGE MONITORING REPORTS PRINTED IN THE INFORMATION OF THE INF	bmit DMRs to the Div ves to specifically ident	vision of Water on a ify the department, or	regular schedule (as defined by the KPDES ffice or individual you designate as responsible
A. Name of department, office or official su	ibmitting DMRs:	Technical Water La	aboratories, Inc.
B. Address where DMR forms are to be sen	at. (Complete only if ad	dress is different from	n mailing address in Section I.)
DMR Mailing Name:	DNR/Middlesboro Reg	gional Office	
DMR Mailing Street:	1804 East Cumberland	l Avenue	
DMR Mailing City, State, Zip Code:	Middlesboro, KY 4096	55	
DMR Official Telephone Number:	606-248-6166		

																						Ŧ,		

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Major Industry	\$640.00

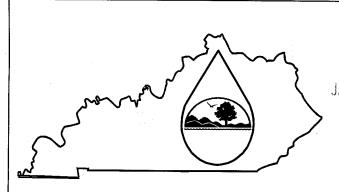
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Gary Asher, President	606-248-1535
SIGNATURE	DATE:
Lauf Asher	1 - 25 - 08

KPDES FORM C

Name of Facility: Appolo Fuels, Inc.



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JAN 28 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch, (502) 564-3410.

County: Bell

I. OUTFALL LO	CATION			P	GENCY USE		
For each outfall lis	t the latitude a	and longitude	of its location	to the nearest	15 seconds as	nd the name o	of the receiving water.
Outfall No.		LATITUDE	163	C	LONGITUDI		
(list)	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	RECEIVING WATER (name)
Same as Original							
Barne as Original							
]						
						İ	[

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO.	OPERATION(S) CONTRIBU	TING FLOW	TREATMEN	
(list)	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
Same as Original				
			WW.D.	

П	Yes (Complete the	following tab	16)	\boxtimes	No (Co	to Cooties TIT		
[]					No (Go	to Section III.)		
OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUE Days Per Week (specify	NCY Months Per Year (specify		/ Rate mgd)	(specify v	volume with units)	Duration (in days)
			average)	Average	Daily	Long-Term Average	Maximum Daily	
I. MAXIV	IUM PRODUCTION							
. Does an e	ffluent guideline limita	tion promulga	ated by E	PA under Secti	on 304 of the C	lean Water Act	apply to your	facility?
	Yes (Complete Iten	n III-B) List e	effluent gu	uideline catego	ry:			
\boxtimes	N (G (G)			_				
2.3	No (Go to Section I	V)						
A 41 11	No (Go to Section 1	•		• • •			_	
. Are the li	No (Go to Section I	•	uideline e	expressed in ter	ms of production	on (or other mea	asures of operat	tion)?
	mitations in the applica	ble effluent gr		No (Go to S	ection IV)		-	·
. If you an	Yes (Complete Iten swered "Yes" to Item n, expressed in the term	ble effluent gr 1 III-C) III-B, list these and units us	ae quantitised in the	No (Go to S ty which repre applicable effl	Section IV)	1 measurement	of your maxi	mum level of
. If you an production	Yes (Complete Iten swered "Yes" to Item n, expressed in the term	ble effluent grant III-C) III-B, list the sand units us	ine quantities quantit	No (Go to S ty which repre applicable effl ITY peration, Prod	section IV) sents the actuation guideline, luct, Material,	ıl measurement and indicate the	of your maxi	mum level of lls. Dutfalls
. If you an production	Yes (Complete Iten swered "Yes" to Item n, expressed in the term	ble effluent grant III-C) III-B, list the sand units us	ine quantities quantit	No (Go to S ty which repre applicable effl ITY peration, Prod	sents the actuation guideline,	ıl measurement and indicate the	of your maxie affected outfa	mum level of lls. Dutfalls
. If you an production	Yes (Complete Iten swered "Yes" to Item n, expressed in the term	ble effluent grant III-C) III-B, list the sand units us	ine quantities quantit	No (Go to S ty which repre applicable effl ITY peration, Prod	section IV) sents the actuation guideline, luct, Material,	ıl measurement and indicate the	of your maxie affected outfa	mum level of lls. Dutfalls
. If you an production	Yes (Complete Iten swered "Yes" to Item n, expressed in the term	ble effluent grant III-C) III-B, list the sand units us	ine quantities quantit	No (Go to S ty which repre applicable effl ITY peration, Prod	section IV) sents the actuation guideline, luct, Material,	ıl measurement and indicate the	of your maxie affected outfa	mum level of lls. Dutfalls
. If you an production	Yes (Complete Iten swered "Yes" to Item n, expressed in the term Day Units of M	ble effluent grant III-C) III-B, list the sand units us	ine quantities quantit	No (Go to S ty which repre applicable effl ITY peration, Prod	section IV) sents the actuation guideline, luct, Material,	ıl measurement and indicate the	of your maxie affected outfa	mum level of lls. Dutfalls
. If you an production production Quantity Per	Yes (Complete Item swered "Yes" to Item n, expressed in the term Day Units of M VEMENTS now required by any	ble effluent grant III-C) III-B, list the sand units use MAXIMUM (leasure)	e quantification of the sed in the QUANTI O	No (Go to S ty which repre applicable effl ITY peration, Prod (sp	section IV) sents the actuation uent guideline, luct, Material, ecify) meet any imp	Il measurement and indicate the Etc.	Affected Outfal (list outfall r	mum level of lls. Dutfalls numbers) construction,
. If you an production Quantity Per V. IMPRO . Are you upgrading	Yes (Complete Itemswered "Yes" to Items, expressed in the term. Day Units of M VEMENTS now required by any, or operation of was	ble effluent grant III-C) III-B, list the sand units use MAXIMUM (leasure) federal, state tewater equip	De quantité sed in the QUANTI O	No (Go to S ty which repre applicable effl ITY peration, Prod (sp	section IV) sents the actual uent guideline, luct, Material, ecify) meet any imp	Etc. Elementation scrommental programmental	Affected C (list outfall r	mum level of lls. Dutfalls numbers) construction, nay affect the
. If you an production production with the production of the produ	Yes (Complete Item swered "Yes" to Item n, expressed in the term Day Units of M VEMENTS now required by any	ble effluent grant III-C) III-B, list the sand units us MAXIMUM (leasure) federal, state tewater equiplication? This	e or loca	No (Go to S ty which repre applicable effl ITY peration, Prod (sp 1 authority to practices or a s, but is not lin	section IV) sents the actual uent guideline, luct, Material, ecify) meet any imp any other envir	Etc. Elementation sc. commental proget conditions, ac	Affected C (list outfall r hedule for the grams which m	mum level of alls. Dutfalls numbers) construction, may affect the
. If you an production production with the production of the produ	Yes (Complete Item swered "Yes" to Item n, expressed in the term Day Units of M VEMENTS now required by any or operation of was sedescribed in this app.	ble effluent grant III-C) III-B, list the sand units use the sand uni	QUANTI QUANTI O e or loca oment or s includes rs, stipula	No (Go to S ty which repre applicable effl ITY peration, Prod (sp 1 authority to practices or a s, but is not lintions, court ord	section IV) sents the actual uent guideline, luct, Material, ecify) meet any imp any other envir	elementation scient conditions, acr loan condition	Affected C (list outfall r hedule for the grams which m	mum level of lls. Dutfalls numbers) construction, nay affect the
. If you an production	Yes (Complete Items wered "Yes" to Item n, expressed in the term of the term o	ble effluent grant III-C) III-B, list the sand units use the sand uni	QUANTI QUANTI O e or loca oment or s includes rs, stipula	No (Go to S ty which repre applicable effl ITY peration, Prod (sp 1 authority to practices or a s, but is not lintions, court ord	section IV) esents the actual uent guideline, luct, Material, ecify) meet any impany other environited to, permiders and grant o	elementation scient conditions, acr loan condition	Affected C (list outfall r hedule for the grams which m	mum level of alls. Dutfalls numbers) construction, may affect the
. If you an production	Yes (Complete Item swered "Yes" to Item n, expressed in the term. Day Units of M VEMENTS now required by any statement of was statement compliance statement appropriate to the same statement compliance statement comp	federal, state tewater equiplication? This schedule letter following table	e or loca oment or sincludes rs, stipula	No (Go to S ty which repre applicable effl ITY peration, Prod (sp I authority to practices or a s, but is not lin tions, court or No	section IV) esents the actual uent guideline, luct, Material, ecify) meet any impany other environited to, permiders and grant o	lementation scromental prog t conditions, acr loan condition-B)	Affected C (list outfall r hedule for the grams which m dministrative ons.	mum level of alls. Dutfalls numbers) construction, nay affect the renforcement
If you an production production with the production of the product	Yes (Complete Items wered "Yes" to Item n, expressed in the term of the term o	federal, state tewater equiplication? This schedule letter following table	e or loca coment or s includes rs, stipula	No (Go to S ty which repre applicable effl ITY peration, Prod (sp I authority to practices or a s, but is not lin tions, court or No	section IV) sents the actual uent guideline, luct, Material, ecify) meet any imp any other environment to, permit ders and grant o (Go to Item IV)	lementation scromental prog t conditions, acr loan condition-B)	Affected C (list outfall r hedule for the grams which m dministrative ons.	mum level of alls. Dutfalls numbers) construction, nay affect the renforcement

Revised June 1999

environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each

program is now under way or planned, and indicate your actual or planned schedules for construction.

Α,	B, & C:	space provided	•			bles for each outfall – A	annotate the outfall number is	n the
D.	which you	know or have rea	son to believe is di	ischarged or n	nay be discha	Section 313) listed in T rged from any outfall. l alytical data in your pos	Table C-3 of the instructions, For every pollutant you list, session.	
		UTANT	SOUF	RCE		OLLUTANT	SOURCE	
N/A	A							
					ĺ			
F							<u> </u>	· · · · · · · · · · · · · · · · · · ·
VI.	POTENT	TAL DISCHARO	ES NOT COVE	RED BY ANA	ALYSIS			
A.	Is any poll produce ov	utant listed in Iten er the next 5 years	V-C a substance s as an immediate	or a componer or final produc	nt of a substa et or byprodu	nce which you use or p	roduce, or expect to use or	
	• 🗖	Yes (List all su	ch pollutants belov	w)	\boxtimes	No (Go to Item VI-E	3)	
B.	Are your o	perations such tha of pollutants may o	t your raw materia luring the next 5 y	ls, processes, ears exceed tw	or products o	an reasonably be expec naximum values report	ted to vary so that your ed in Item V?	
		Yes (Complete	Item VI-C)	⊠ No	(Go to Item	VII)		
C.	expected le	vered "Yes" to Iter vels of such pollu sheets if you need	tants which you ar	elow and descr nticipate will b	ribe in detail e discharged	to the best of your abilifrom each outfall over	ty at this time the sources an the next 5 years. Continue or	d n
						***************************************	***************************************	
								ļ
								-
								ļ
								ł

V. INTAKE AND EFFLUENT CHARACTERISTICS

VII. BIOLO	GICAL TOXIC	ITY TESTING DA	ГА					
Do you have ar discharges or o	ny knowledge of on a receiving water	or reason to believe t er in relation to your	hat any biologic discharge withi	al test for a n the last 3	cute or chronic years?	toxicity h	as been made on a	ny of your
	Yes (Identify t	he test(s) and describ	e their purposes	s below)		No (Go	o to Section VIII)	
VIII. CONT	RACT ANALYS	IS INFORMATIO	N.				in descriptions	
Were any of the	analyses reporte	d in Item V performe	ed by a contract	laboratory	or consulting f	irm?		
	Yes (list the na	me, address, and tele by each such laborat	ephone number of	of, and poll	_	——· ⊠	No (Go to Section	on IX)
NA.	ME	ADDRE			LEPHONE		POLLUTAN	ra e
			32		ode & number	n)	ANALYZED	
	:				·····			
IX, CERTIFIC	ATION						ngan seleki (1800). Seleki panga managa kana	macaomae
			-11 -4414		<u> </u>	1.		
with a system de	esigned to assure	at this document and that qualified person nage the system, or	nel properly gat	her and eva	aluate the infor	mation sub	mitted. Based on	my inquiry
submitted is, to	the best of my k	nage the system, or nowledge and belief, uding the possibility	true, accurate,	and compl	ete. I am awar	e that there	are significant pe	enalties for
NAME AND O	FFICIAL TITLE	(type or print):		TE	LEPHONE NU	JMBER (a	rea code and numb	ber):
Gary Asher, Pre	sident				6-248-1535			
SIGNATURE		Hary a	Sher	DA	ATE	1 - 25.	- 09	

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND	EFFLUENT CHA	RACTERIST	ICS (Continued fr	om page 3 of Fo	rm C)			Protection of		OUTFALL NO.		
Part A – You must	provide the results	of at least one a	malysis for every po	ollutant in this tal	ole. Complete one tab	le for each outfa	II. See instruction	ns for additional detai	ils.			
				2. EFFLUENT		11 T. 18		3. UN (specify if	ITS		4. INTAKE (optional)	
1. POLLUTANT	a. Maximum I	Daily Value	b. Maximum 3 (if avail		c. Long-Term A (if availa		d. No. of	a. Concentration	b. Mass	a. Long-Term		b
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	No of Analyses
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)	12.0	Mg/l										
e. Ammonia (as N)												
f. Flow (in units of MGD)	VALUE		VALUE		VALUE				MGD	VALUE		
g. Temperature (winter)	VALUE	41.2	VALUE		VALUE			-	°c	VALUE		
h. Temperature (summer)	VALUE	74	VALUE		VALUE				°c	VALUE		
i. pH	MINIMUM 6.43	MAXIMUM 8.43	MINIMUM 7.0	MAXIMUM 7.81				STAN	DARD UNITS			

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT	MAR). K "X"		77	EF	3. FLUENT				4. UNITS		INTAR	6. Œ (option	al)
AND CAS NO.	2.	b.	a. Maximum Da	ily Value	b. Maximum 3 Value (if avai		c. Long-Terr Value (if ava	n Avg. ilable)	d. No. of	a.	b.	a. Long-Term Value		b. No. of
(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
a. Bromide (24959-67-9)		Х												
b. Bromine Total Residual		X												
c. Chloride		x												
d. Chlorine, Total Residual		X												
e. Color		х												
f. Fecal Coliform		X						***************************************						 -
g. Fluoride (16984-48-8)		х	-											
h. Hardness (as CaCO ₃)	х		327	Mg/L										
i. Nitrate – Nitrite (as N)	11	x	321	Mg/L										
j. Nitrogen, Total Organic (as N)		х												
k. Oil and Grease		х												
1. Phosphorous (as P), Total 7723-14-0		х												
m. Radioactivity			·											
(1) Alpha, Total		х												
(2) Beta, Total		х												
(3) Radium Total		х												
(4) Radium, 226, Total		Х												

1. POLLUTANT	MAR	2. K "X"				3. FLUENT				4. UNITS		INTAI	5. KE (option:	al)
And CAS NO.	a.	b.	a. Maximum Dail		b. Maximum 3 Value (if avai		c. Long-Tern Value (if ava		d. No. of	a.	b.	a. Long-Term Avs	z. Value	b. No. of
(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
n. Sulfate (as SO ₄) (14808-79-8)			78	Mg/l	The second secon						jum szandinbis.			
o. Sulfide (as S)		х												
p. Sulfite (as SO ₄) (14286-46-3)		х												
q. Surfactants		x												
r. Aluminum, Total (7429-90)		х												
s. Barium, Total (7440-39-3)		х												
t. Boron, Total (7440-42-8)		X												
u. Cobalt, Total (7440-48-4) v. Iron, Total		х												
(7439-89-6) w. Magnesium	x		7.0	Mg/	3.5	Mg/								
Total (7439-96-4)		x												
x. Molybdenum Total (7439-98-7)		х												
y. Manganese, Total (7439-96-6)	X		4.0	Mg/	2.0	Mg/								
z. Tin, Total (7440-31-5)		X												
aa. Titanium, Total (7440-32-6)		х												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the Testing Required column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, eyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X: in the Believed Absent column for each pollutant you believe to be absent. If you mark either the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1.		2. MARK "X"				3. EFFLUENT			. 被. 	4. UNITS		INTAK	5. E (option	
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	/ Value	b. Maximum 30-Day Value (if available)	c. Long-Tern Value (if avai		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) (2) Concentration Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
METALS, CYAI	NIDE AND T	OTAL PHE	NOLS											
1M. Antimony Total (7440-36-0)	X			0.003	Mg/L									
2M. Arsenic,					1118/12									+
Total (7440-38-2)	x			0.001	Mg/L									
3M. Beryllium Total (7440-41-7)	X			0.000										
4M. Cadmium	<u>-^-</u>			0.003	Mg/L			1						
Total (7440-43-9)	x			0.003	3.5.75									
5M. Chromium	^			0.003	Mg/L									-
Total (7440-43-9)	x			0.002	Mg/L									
6M. Copper	- A	 		0.002	Wig/L		-		1					
Total (7550-50-8)	x			0.01	Mg/L									
7M. Lead				0.01	1128122			 						
Total (7439-92-1)	x			0.002	Mg/L									
8M. Mercury							V 11/1-1-	1						
Total (7439-97 - 6)	x			0.001	Mg/L									
9M. Nickel,										****			•	
Total (7440-02-0)	x			0.01	Mg/L					:				
10M. Selenium,														
Total (7782-49-2)	x			0.002	Mg/L									
11M. Silver,														
Total (7440-28-0)	x			0.01	Mg/L									

Part C - Continu	ied														
l. POLLUTANT		2. MARK "X"				EFF	3. LUENT				4. UNITS		INTAL	5. Œ (optiona	al)
And CAS NO. (if available)	a. Testing	a. Believed	b. Believed	a. Maximum Dail		b. Maximum 3 Value (if avai	lable)	c. Long-Term Value (if avail	able)	d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of
	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	Analyses
METALS, CYA	NIDE AND T	OTAL PHE	NOLS (Con	tinued)								Harry Carry Constitution	Concentration	172455	
12M. Thallium, Total (7440-28-0)	x			0.1	Mg/L										
13M. Zinc, Total															
(7440-66-6) 14M. Cyanide,	X			0.004	Mg/L										
Total (57-12-5)	х			0.01	Mg/L										
15M. Phenols, Total	X			0.01											
DIOXIN				0.01	Mg/L	L							-		
2,3,7,8 Tetra- chlorodibenzo,				DESCRIBE RES	ULTS:			***************************************							
P, Dioxin (1784-01-6)			X												
GC/MS FRACT	ION – VOLA	TILE COM	POUNDS							***					
1V. Acrolein (107-02-8)			.,												
2V. Acrylonitrile			X					C-0-		1.0					
(107-13-1) 3V. Benzene			х			~~~									
(71-43-2) 5V. Bromoform			X					7-1/-					741		
(75-25-2) 6V. Carbon			X	· · · · · · · · · · · · · · · · · · ·											
Tetrachloride (56-23-5)			X												
7V. Chloro- benzene								****				-	4.24.		
(108-90-7) 8V. Chlorodibro-			X						<u></u>		-				
momethane (124-48-1)			X												
\· 10 1)	L		Λ				L			Ll					

Part C – Continu	ed														
1.		2. MARK "X"				CIFE	3. LUENT				4. UNITS		INTAK	5. E (options	al)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	y Value	b. Maximum 3 Value (if avai		c. Long-Term Value (if avai		d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses		100 100 2	(1) Concentration	(2) Mass	1. 1996
9V.	Encludes and the second		specification of success	Concentration		Concentration	111433	Concentration	IVEASS				Concentration	- mass	
Chloroethane (74-00-3)			x												
10V. 2-Chloro- ethylvinyl Ether															
(110-75-8)			X								-				
11V. Chloroform													,		
(67-66-3)			X												
12V. Dichloro- bromomethane		į													
(75-71-8)			х												
14V. 1,1- Dichloroethane															
(75-34-3)			Х												
15V. 1,2- Dichloroethane															
(107-06-2) 16V. 1,1-			X												
Dichlorethylene (75-35-4)			x												
17V. 1,2-Di- chloropropane (78-87-5)			x												
18V. 1,3- Dichloropro-			^												
pylene (452-75-6)			x												
19V. Ethyl- benzene															
(100-41-4) 20V. Methyl			X				ļ								
Bromide (74-83-9)			x												

		2.					3.		1498 III		4.			5.	
1		MARK "X"				EFF	LUENT				UNITS		INTAK	o. E (options	al)
POLLUTANT And CAS NO. (if available)	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Dail (1)	y Value	b. Maximum 3 Value (if avai (1)		c. Long-Term Value (if avai	lable)	d, No. of	a. Concentration	b. Mass	a. Long-Term Av	g. Value	b. No. of Analyse
				Concentration	Mass	Concentration	Mass	(1) Concentration	(2) Mass	Analyses			(1)	(2)	
21V. Methyl Chloride (74-87-3)			х				11433	Concentration	Wiass				Concentration	Mass	
22V. Methylene Chloride (75-00-2)			х												
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			X					-							
24V. Tetrachloro- ethylene (127-18-4)			x			-									
25V. Toluene (108-88-3)			X									-			
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			x												
27V. 1,1,1-Tri- chloroethane (71-55-6)			х							, , , , , , , , , , , , , , , , , , ,					
28V. 1,1,2-Tri- chloroethane (79-00-5)			х												
29V. Trichloro- ethylene (79-01-6)			x												
30V. Vinyl Chloride (75-01-4)			x												

Part C - Continu	ed														
1. POLLUTANT		2. MARK "X"		100 (100 (100 (100 (100 (100 (100 (100		EFI	3. LUENT				4. UNITS			5. E (option:	
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	y Value	b. Maximum 3 Value (if avai	30-Day lable)	c. Long-Term Value (if avai	Avg. lable)	d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of Analyse
(if available) GC/MS FRACTI	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
1A. 2-Chloro- phenol	ON ~ ACID	COMPOUN	DS		Ī							<u> </u>			
(95-57-8) 2A. 2,4-			Х												
Dichlor- Orophenol			x												
(120-83-2) 3A. 2,4-Dimeth-															
ylphenol (105-67-9)			x												
4A. 4,6-Dinitro- o-cresol (534-52-1)			v												
5A. 2,4-Dinitro- phenol			X												
(51-28-5) 6A. 2-Nitro-			X											-	
phenol (88-75-5) 7A. 4-Nitro-	· · · · · · · · · · · · · · · · · · ·		х												
phenol (100-02-7)			x												
8A. P-chloro-m- cresol (59-50-7)			x												
9A. Pentachloro- phenol (87-88-5)			x												
10A. Phenol (108-05-2)			х					1000							
11A. 2,4,6-Tri- chlorophenol (88-06-2)			х										· · · · · · · · · · · · · · · · · · ·		V-1
GC/MS FRACTI	ON – BASE/I	NEUTRAL	COMPOUN	DS			1								
1B. Acena- phthene (83-32-9)			X												

Part C - Continu	ied														
1.		2. MARK "X"				EFF	3. LUENT		eriyaya vel Ardeda dilil		4. UNITS		INTAK	5. E (optiona	al)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	/ Value	b. Maximum 3 Value (if avai		c. Long-Term Value (if avail	Avg. lable)	d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	je :
GC/MS FRACT	ION - BASE/	NEUTRAL	COMPOUN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
2B. Acena- phtylene (208-96-8)			X												
3B. Anthra- cene															
(120-12-7) 4B.			X												<u> </u>
Benzidine (92-87-5)			x												
5B. Benzo(a)- anthracene (56-55-3)			x												
6B. Benzo(a)-															†
pyrene (50-32-8)			х												
7B. 3,4-Benzo- fluoranthene (205-99-2)			x												
8B. Benzo(ghl) perylene			A												
(191-24-2)			X												
9B. Benzo(k)- fluoranthene (207-08-9)			x												
10B. Bis(2- chlor-			Α												
oethoxy)- methane (111-91-1)			X												
11B. Bis (2-chlor-															
oisopropyl)- Ether			X								- WCTCH				
12B. Bis (2-ethyl- hexyl)- phthalate			x												
(117-81-7)								<u> </u>				L			

Part C - Continu	ied														
1. POLLUTANT		2. MARK "X"				EFF	3. LUENT				4. UNITS	4,31,125		5. KE (options	
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	y Value	b. Maximum 3 Value (if avai		c. Long-Term Value (if avai	Avg. lable)	d. No. of	a. Concentration	b. Mass	a. Long-Term Av	/g Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACT	ION – BASE/	NEUTRAL	COMPOUN	DS (Continued)	***************************************	all processing the American Control of the American Co	7,1000000000000000000000000000000000000	10.10	,					1.2000	
13B. 4-Bromo- phenyl Phenyl ether (101-55-3)			x												
14B. Butyl- benzyl phthalate (85-68-7)			x												
15B. 2-Chloro- naphthalene (7005-72-3) 16B. 4-Chloro-			х					VISIAN			-				
phenyl ether (7005-72-3)			x												
17B. Chrysene (218-01-9) 18B. Dibenzo-			х												
(a,h) Anthracene (53-70-3)			Х												
19B. 1,2- Dichloro- benzene (95-50-1)			x												
20B. 1,3- Dichloro- Benzene (541-73-1)			х										77.0		
21B. 1,4- Dichloro- benzene (106-46-7)			х												
22B. 3,3- Dichloro- benzidene (91-94-1)			х										16-		
23B. Diethyl Phthalate (84-66-2)			X												

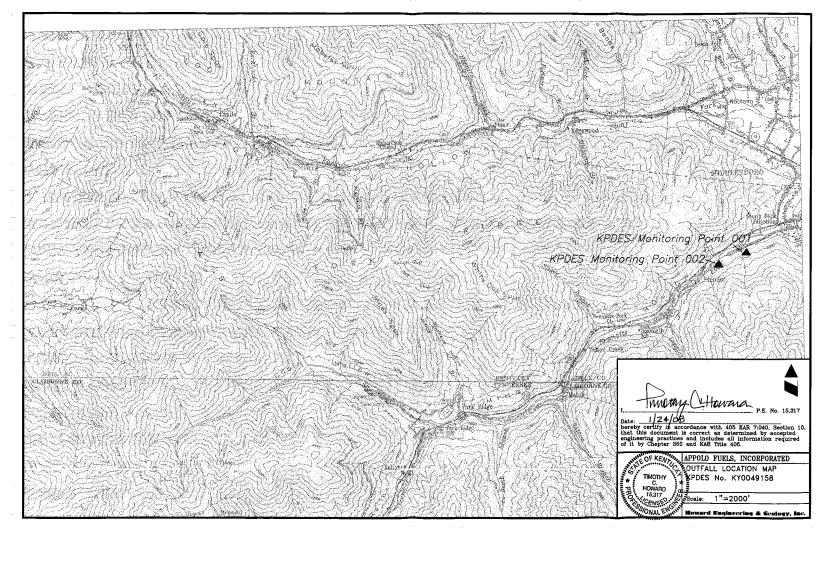
Part C - Continu	ıed														
1. POLLUTANT		2. MARK "X"					3. LUENT	14.4			4. UNITS		INTAR	5. Œ (optiona	n
And CAS NO. (if available)	a. Testing	a. Believed	b. Believed	a. Maximum Dail		b. Maximum 3 Value (if avail	able)	c. Long-Term Value (if avai	lable)	d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	从中""表 "		(1) Concentration	(2)	
GC/MS FRACT	ION - BASE/	NEUTRAL	COMPOUN	DS (Continued)			11,241,53	Concentration	IVAGOS				Concentration	Mass	
24B. Dimethyl									T	T				T	l
Phthalate															
(131-11-3)			X					<u>L</u>							
25B. Di-N-															
butyl Phthalate (84-74-2)		i			-				l						
(84-74-2) 26B.			X												
2,4-Dinitro-															
toluene			x			ļ]								
(121-14-2)			^												
27B.										ļ					
2,6-Dinitro-															
toluene	l		x												
(606-20-2)								ŀ	l						
28B. Di-n-octyl															
Phthalate															
(117-84-0)			X												
29B. 1,2-										-					
diphenyl-															
hydrazine (as azonbenzene)			X						ļ						
(122-66-7)									ĺ						
30B.			-												
Fluoranthene										1					
(208-44-0)			X									ı			

31B. Fluorene															
(86-73-7)			X												
32B.															
Hexachloro-															
benzene			X										ĺ		
(118-71-1)														,	
33B.															
Hexachloro-											1				
butadiene			X												
(87-68-3) 34B.															ĺ
34B. Hexachloro-															
cyclopenta-			x												
diene			^									i			
(77-47-4)	1													1	
··· ·· ·)															

		2.				ter et en	3.								
1, POLLUTANT		MARK "X"				C FI	J. LUENT			Kg - File	4. UNITS		INTAI	5. KE (option:	al)
And CAS NO. (if available)	a. Testing Required	a. Believed	b. Believed	a. Maximum Dail		b. Maximum 3 Value (if avai	lable)	c. Long-Term Value (if avai	lable)	d. No. of	a. Concentration	b. Mass	a. Long-Term A		b. No. of Analyse
		Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACT	ON - BASE/	NEUTRAL	COMPOUN	DS (Continued)							Activities (Activities)		Concentration] Drass	142
35B. Hexachlo- roethane (67-72-1)			x												
36B. Indneo- (1,2,3-oc)-															
Pyrene (193-39-5)			x												
37B. Isophorone															
(78-59-1) 38B.			X												
Napthalene (91-20-3)			X												
39B. Nitro-			A												
benzene (98-95-3)			X												
40B. N-Nitroso- dimethyl-															ļ —
amine (62-75-9)			x												
41B. N-nitrosodi-n-			7.	~											-
propylamine (621-64-7)			x												
42B. N-nitro- sodiphenyl- amine											-				
(86-30-6)			X					·							
43B. Phenan- hrene (85-01-8)			v												
			X			*									
14B. Pyrene 129-00-0)			X									ĺ			
45B. 1,2,4 Tri- chloro-							7.								
nenzene (120-82-1)			X		ł										

Part C - Continu	ied														
1. POLLUTANT		2. MARK "X"				ERI	3. LUENT				4. UNITS		INTAK	5. E (option:	
And CAS NO. (if available)	a. Testing Required	a. Believed	b. Believed	a. Maximum Dail		b. Maximum 3 Value (if avai	lable)	c. Long-Term Value (if avai)	lable)	d. No. of	a. Concentration	b. Mass	a. Long-Term Avı		b. No. of Analyses
GC/MS FRACT		Present -	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
	0.1 - 11.511	CIDES			T	T .	Т	1	T		Γ				т — —
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			х												
3P. β-BHC (58-89-9)		1411	х												
4P. gamma-BHC (58-89-9)			х												
5P. δ-BHC (319-86-8)			х												
6P. Chlordane (57-74-9)			x	100											
7P. 4,4'-DDT (50-29-3)			Х												
8P. 4,4'-DDE (72-55-9)			х												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			х	400											
11P. α- Endosulfan (115-29-7)			X											71	
12P. β- Endosulfan (115-29-7)			X							-					
13P. Endosulfan Sulfate (1031-07-8)			х								11.3				
14P. Endrin (72-20-8)			X												

1	2. MARK "X"				1	3.		10,0		4.			5.	
a. Testing Required	a. Believed Present	b. Believed Absent	(1)	Value (2)	b. Maximum (Value (if ava	30-Day ilable)	Value (if avail	able)	d. No. of	a. Concentration	b. Mass	a. Long-Term Ax	g Value	b. No. of Analyses
ON – PESTI	TIDES		Concentration	Mass	Concentration	Mass	Concentration	Mass	5			Concentration	Mass	
		X												· ·
		х												
		X												
		X												
		x												
		X												
		X												
		х												
		х												
_		x					,					-		
	a. Testing Required	A. Testing Required Present ON – PESTICIDES	a. Testing Required Present DN – PESTICIDES X X X X X X X X X X X X X	ARK "X" a. a. Believed Present Believed Absent (1) Concentration ON - PESTICIDES X X X X X X X X X X X X X	A. Testing Required Present Believed Absent (1) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	A. Testing Required Present Believed Absent (1) (2) (1) Concentration (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ARK "X" a. a. Believed Present Present Solution (1) (2) (1) (2) (1) (2) (2) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ARK "X" a. Testing Required Present Believed Present X X X X X X X X X X X X X	ARK "X" a. a. Believed Present Selicy Required Absent (1) (2) (1) (2) (2) (1) (2) (2) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ARK "X" Believed Required Present Abent Believed Required Present Abent Believed Required Abent Ab	A a. Believed Absent (1) Concentration (2) Concentration (3) Analyses (3) Analyses (4) Analyses (5) Analyses (5) Analyses (6) Analyses	MARK "X" Seliced Required Seliced Required	MARK *X* Seleved Required Present Believed Required Present Seleved Sele	Name



Box. 271 2550 W. Hwy 72 Suite I Harlan, Ky 40831 E-Mail: rlee@Howrdeng-qeo.com Phone: (606) 573-6924 Fax:606-573-9543

January 24, 2008

Natural Resources & Environmental Protection Cabinet Department for Environmental Protection Division of Water Frankfort Office Park, 14 Reilly Road Frankfort, Kentucky 40601

JAN 28 2008

Subject: Appolo Fuels, Incorporated

NPDES No.: KY0049158 (Renewal Application)

DSMRE No. 848-8005

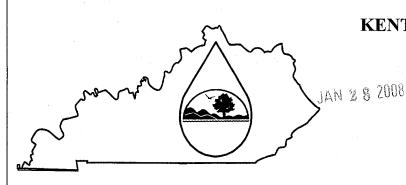
Dear Sir:

Attached please find Form 1 and Form C for the above referenced KPDES permit renewal application. A General Location Map on the Harlan/Rose Hill 7 ½ minute, USGS topographic map and a cashier's check for \$640.00 for application fee, have been included. Please contact our office if you need any additional information.

Sincerely,

Robert Lee

KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

	*	·		
This is an application to: (check of	one)	A complete application con	sists of this form and one of the	
Apply for a new permit.		following:		
Apply for reissuance of exp		Form A, Form B, Form C, I	Form F, or Short Form C	
Apply for a construction pe	ermit.			
Modify an existing permit.		For additional information	n contact:	
Give reason for modification	on under Item II.A.	KPDES Branch (502) 564-	-3410	
		AGENCY		
	D CONTACT INFORMATION	USE		
A. Name of business, municipality, comp	any, etc. requesting permit			
Appolo Fuels, Inc.		C Facility Owner/Mailin	a Address	
B. Facility Name and Location Facility Location Name:		C. Facility Owner/Mailin Owner Name:	g Address	
Facility Location Name:		Owner Name.		
Appolo Fuels, Inc		Appolo Fuels, Inc.		
Facility Location Address (i.e. street, road	i, etc.):	Mailing Street:		
West Winchester Avanua Extension		P.O. Box 1727, West Wincheste	er Avenue Extension	
West Winchester Avenue Extension Facility Location City, State, Zip Code:		Mailing City, State, Zip Code:	A Avenue Extension	
racinty Eccation City, Batto, Exp Code.				
Middlesboro, KY 40965		Middlesboro, KY 40965		
		Telephone Number: 606-248-1535		
		000-248-1333		
II. FACILITY DESCRIPTION				
A Provide a brief description of	f activities, products, etc: Sedimen	t Pond Discharge/Coal Mini	ng Activities.	
A. Trovide a brief description of	t delivines, products, etc. Sedimen	1011d 2 1001m180, 0 0 m 1 1 1 1 1 1 1		
·				
B. Standard Industrial Classificat	ion (SIC) Code and Description			:
Principal SIC Code &		-		
Description:	1221 - Same as "A" above			
Other SIC Codes:				
III. FACILITY LOCATION				
A Attach a U.S. Geological Surv	rey 7 ½ minute quadrangle map for	the site. (See instructions)		
B. County where facility is located		City where facility is locate	d (if applicable):	
Bell		Bennetts Fork		
C. Body of water receiving disch	arge:			
Upper Cumberland River				- 117
D. Facility Site Latitude (degrees	, minutes, seconds):	Facility Site Longitude (deg	grees, minutes, seconds):	
36-36-03		83-45-14		
E Mothod used to obtain latitude	& longitude (see instructions).	USGS 7 1/2 topographic qu	adrangle map	

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A

	Owned State Owned	☐ Both Public and Pr	ivate Owned Federally owned
☐ Publicly Owned ☐ Privately B. Operator Contact Information (See		Dom't done and Fi	Trace Owned rederany owned
Name of Treatment Plant Operator:		Telephone Number:	
N/A			
Operator Mailing Address (Street): N/A			
Operator Mailing Address (City, State, Zip Cod N/A	e):		
Is the operator also the owner?		Is the operator certified	? If yes, list certification class and number below.
Yes 🗌 No 🗌			o 🗋 🍐
Certification Class:		Certification Number:	
N/A			
V. EXISTING ENVIRONMENTAL			
Current NPDES Number:	Issue Date of Current Po	ermit:	Expiration Date of Current Permit:
KY0049158	7-30-2004		7-31-2008
Number of Times Permit Reissued:	Date of Original Permit	Issuance:	Sludge Disposal Permit Number:
	7.26.96		NT/A
Sentucky DOW Operational Permit #:	7-26-86 Kentucky DSMRE Perr	nit Number(s):	N/A
Exolutions Do it Operational Fernite #.			
	807-8005		N/A
CATEGORY	EXISTING P	ERMIT WITH NO.	PLANNED APPLICATION DATE
Air Emission Source	N/A		
Solid or Special Waste	N/A		
Hazardous Waste - Registration or Pe	rmit N/A		
VI. DISCHARGE MONITORING	DEPODTS (DMPs)		
KPDES permit holders are required	to submit DMRs to the In serves to specifically ide	Division of Water on sontify the department, of	a regular schedule (as defined by the KPI office or individual you designate as respons
tor submitting Distriction to the Divi			
A. Name of department, office or office	cial submitting DMRs:	Technical Water L	aboratories, Inc.
A. Name of department, office or office			
A. Name of department, office or office. B. Address where DMR forms are to be		address is different from	
A. Name of department, office or office. 3. Address where DMR forms are to both DMR Mailing Name:	oe sent. (Complete only if a	address is different from	
A. Name of department, office or office B. Address where DMR forms are to low DMR Mailing Name: DMR Mailing Street:	DNR/Middlesboro R	address is different from Regional Office nd Avenue	
	DNR/Middlesboro R	address is different from Regional Office nd Avenue	

VII	ADDI	TCA	TION	TIT	INC	PPP
· V 11.	APPL	III. A		r	ALINE T	- H H, H,

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Major Industry	\$640.00

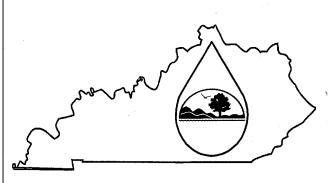
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Gary Asher, President	606-248-1535
SIGNATURE	DATE:
Lary asher	1 - 25 - 08

KPDES FORM C

Name of Facility: Appolo Fuels, Inc.



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JAN 2 8 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch, (502) 564-3410.

County: Bell

				A	GENCY		
I. OUTFALL LO					USE		
For each outfall list	t the latitude a	nd longitude o	of its location	to the nearest	15 seconds as	nd the name o	f the receiving water.
Outfall No.		LATITUDE			LONGITUDI	3	
(list)	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	RECEIVING WATER (name)
Same as Original							
			,				
•							

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO.	OPERATION(S) CONTRIBUT	ING FLOW	TREATMENT	
(list)	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
Same as Original				

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQU Days Per Week (specify average)	ENCY Months Per Year (specify average)		Rate ngd) Maximum Daily	FLOW Total vo (specify wi Long-Term Average		Duration (in days)
(list)	FLOW	Per Week (specify	Per Year (specify	(in r	ngd) Maximum	(specify wi	th units) Maximum	
	(list)		(specify					
H. MAVIM						i I		
H MAVIMI				i				
II MAVIMI			·					
II. MAXIMU	M PRODUCTION							
A. Does an ef	luent guideline limit	ation promul	gated by El	PA under Secti	on 304 of the C	Clean Water Act	apply to your f	acility?
	Yes (Complete Ite	m III-B) List	effluent gu	uideline catego	ry:			
\boxtimes	No (Go to Section	IV)						
3. Are the lim	itations in the applic	able effluent	guideline e	expressed in ter	ms of production	on (or other mea	sures of operat	ion)?
	Yes (Complete Ite	m III-C)	\boxtimes	No (Go to S	Section IV)			
C. If you ans production	wered "Yes" to Iter expressed in the ter	m III-B, list	the quantitused in the	ty which repre applicable effl	sents the actual uent guideline,	al measurement and indicate the	of your maxin	num level of lls.
		MAXIMUM	I QUANTI	ITY			Affected O	
Quantity Per	Day Units of	Measure	Ol	peration, Product, Material, Etc. (specify)			(list outfall n	umbers)
		*						
							* ·	
IV. IMPROV	EMENTS						1 1	
	ow required by an	stewater equ	uipment or	practices or s, but is not li	any other envi mited to, perm	ironmental progr it conditions, ad	rams which m Iministrative o	ay affect the
upgrading,	or operation of wardescribed in this appropriate of the compliance	plication? The schedule let	ters, stipula	ations, court or	ders and grant o	or loan condition	IS.	
upgrading,	described in this ar	e schedule let	ters, stipula		ders and grant of the Government (Go to Item IV)	or loan condition	s.	
upgrading, discharges orders, enfo	described in this ap preement compliance	e schedule let	ters, stipula	No No	(Go to Item IV	or loan condition	is.	APLIANCE DA

Revised June 1999

environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each

program is now under way or planned, and indicate your actual or planned schedules for construction.

A, B, & C:	space provided						utfall number in the
which yo	pace below to list a u know or have reas	ny of the pollutants son to believe is discount believe it to be provided by the provided by t	(refer to SARA charged or may	Title III, Sec be discharge	tion 313) listed d from any outfa	in Table C-3 of thall. For every poll	
	LUTANT	SOURC	CE	POI	LUTANT	S	OURCE
N/A							·
·							
	•						
VI. POTEN	TIAL DISCHARO	GES NOT COVER	ED BY ANAL	YSIS			
		n V-C a substance or s as an immediate or				or produce, or ex	pect to use or
	Yes (List all su	ch pollutants below			No (Go to Item '	VI-B)	
							0 - 1 - MAT - MAT - 1
		t your raw materials during the next 5 year					
	Yes (Complete	Item VI-C)	No (Go to Item VI	I)		
expected	wered "Yes" to Ite levels of such pollu sheets if you need	m VI-B, explain bel tants which you ant more space.	ow and describ	e in detail to discharged fro	the best of your om each outfall	ability at this tim over the next 5 ye	e the sources and ears. Continue on

V. INTAKE AND EFFLUENT CHARACTERISTICS

		or reason to believe that any biolog er in relation to your discharge with			toxicity has been made on any of y
	Yes (Identify	the test(s) and describe their purpos	es below)		No (Go to Section VIII)
	 				
III. CONTI	RACT ANALYS	SIS INFORMATION			
					2
Vere any of the	analyses reporte	ed in Item V performed by a contra	ct laboratory	or consulting fir	rm?
	Yes (list the na	ame, address, and telephone numbe	r of, and poll	utants	No (Go to Section IX)
<u> </u>		by each such laboratory or firm be			
NA.	MF	ADDRESS	TR	LEPHONE	POLLUTANTS
1178			1	ode & number	
<u> Zana</u>					
X. CERTIFIC	ATION				
certify under r	enalty of law th	at this document and all attachment that qualified personnel properly	nts were prep	pared under my	direction or supervision in accord
certify under prith a system defined for the person or	penalty of law the esigned to assure persons who m	that qualified personnel properly anage the system, or those persons	gather and eve directly resp	aluate the inform onsible for gath	mation submitted. Based on my inc aering the information, the informa
certify under prith a system defined fithe person or ubmitted is, to	penalty of law the esigned to assure persons who me the best of my l	that qualified personnel properly anage the system, or those persons mowledge and belief, true, accurate	gather and eva directly respute, and compl	aluate the inform onsible for gath ete. I am aware	nation submitted. Based on my inc nering the information, the inform that there are significant penaltie
certify under prith a system defined fithe person or abmitted is, to	penalty of law the esigned to assure persons who me the best of my l	that qualified personnel properly anage the system, or those persons	gather and eva directly respute, and compl	aluate the inform onsible for gath ete. I am aware	nation submitted. Based on my inc nering the information, the inform that there are significant penaltie
certify under prith a system define person or ubmitted is, to ubmitting false	penalty of law the signed to assure persons who me the best of my linformation, incompared to the best of the best	that qualified personnel properly anage the system, or those persons mowledge and belief, true, accurateluding the possibility of fine and in	gather and eva directly resp te, and compl mprisonment	aluate the inform onsible for gath ete. I am aware for knowing vio	nation submitted. Based on my inc nering the information, the informa- that there are significant penaltie
with a system de of the person or ubmitted is, to ubmitting false	penalty of law the signed to assure persons who me the best of my landormation, incomplete the person of the best	that qualified personnel properly anage the system, or those persons mowledge and belief, true, accurateluding the possibility of fine and in	gather and ever directly response, and complete, and complete mprisonment	aluate the inform onsible for gath ete. I am aware for knowing vio	nation submitted. Based on my inc nering the information, the informa- that there are significant penaltie plations.

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND	EFFLUENT CH	ARACTERIST	ICS (Continued fro	om page 3 of Fo	rm C)					OUTFALL NO.			
Part A - Vou must	nrovide the result	s of at least one a	analysis for every no	Illutant in this tab	de Complete or	ne table for each out	all See instructions	s for additional detail	S.				
Tutti Tourida	provide the result	or at least one t	unarysis for every pe	2. EFFLUENT	ic. Complete of	o duoto ros edem odes	an. See Histories	3. UNI (specify if	ΓS	4. INTAKE (optional)			
1. POLLUTANT	a. Maximum	Daily Value	b. Maximum 30 (if avail			erm Avg. Value ivailable)	d. No. of	a. Concentration	b. Mass	a. Long-Term A		b.	
3	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentrati	on (2) Mass	Analyses			(1) Concentration	(2) Mass	No of Analyses	
a. Biochemical Oxygen Demand (BOD)			-										
b. Chemical Oxygen Demand (COD)													
c. Total Organic Carbon (TOC)								·					
d. Total Suspended Solids (TSS)	12.	0 Mg/1				·							
e. Ammonia (as N)													
f. Flow (in units of MGD)	VALUE		VALUE		VALUE				MGD	VALUE			
g. Temperature (winter)	VALUE	41.2	VALUE		VALUE	-			°c	VALUE			
h. Temperature (summer)	VALUE	74	VALUE		VALUE			-	°c	VALUE			
i. pH	MINIMUM 6.43	MAXIMUM 8.43	MINIMUM 7.0	MAXIMUM 7.81				STAN	DARD UNITS			• .	

Part B - In the MARK "X" column, place an "X" in the <u>Believed Present</u> column for each pollutant you know or have reason to believe is present. Place an "X" in the <u>Believed Absent</u> column for each pollutant you believe to be absent. If you mark the <u>Believed Present</u> column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements

requirements.	2				·	-						T		
POLLUTANT	MAR				17171	3. FLUENT				4. UNITS		INTAK	6. Œ (option	al)
AND CAS NO.	a.	b.	a. Maximum Dai	ly Value	b. Maximum 3 Value (if avail	0-Day	c. Long-Tern Value (if ava		d. No. of	a.	b.	a. Long-Term Value	Avg	b. No. of
(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
a. Bromide (24959-67-9)		х												
b. Bromine Total Residual		х												
c. Chloride		х												
d. Chlorine, Total Residual		X										·		
e. Color		x											-	
f. Fecal Coliform		х												
g. Fluoride (16984-48-8)		Х												-
h. Hardness (as CaCO ₃)	X		327	Mg/L					,	-				-
i. Nitrate – Nitrite (as N)		X						-						-
j. Nitrogen, Total Organic														
(as N) k. Oil and		X												
Grease 1. Phosphorous (as P), Total 7723-14-0		X												
m. Radioactivity		1 X	1	l		<u> </u>			1					
(1) Alpha, Total		x												
(2) Beta, Total		х							-		-			
(3) Radium Total		х												
(4) Radium, 226, Total		X												

Part B - Continued														
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Tern Value (if ava		d. No. of	a.	b.	a. Long-Term Avg. Value		b. No. of
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
n. Sulfate (as SO ₄) (14808-79-8)		÷	78	Mg/l										
o. Sulfide (as S)		х		. , , , ,										
p. Sulfite (as SO ₄) (14286-46-3)		х	21 13											-
q. Surfactants	-	X	·							14				
r. Aluminum, Total (7429-90)		X									٠			
s. Barium, Total (7440-39-3)		X			-									
t. Boron, Total (7440-42-8)		х												
u. Cobalt, Total (7440-48-4)		х												
v. Iron, Total (7439-89-6)	х		7.0	Mg/	3.5	Mg/			:					
w. Magnesium Total (7439-96-4)		x		<u></u>										
x. Molybdenum Total (7439-98-7)		х								·				
y. Manganese, Total (7439-96-6)	x		4.0	Mg/	2.0	Mg/				v	-			
z. Tin, Total (7440-31-5)		х												
aa. Titanium, Total (7440-32-6)		X												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the Testing Required column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X: in the Believed Absent column for each pollutant you believe to be absent. If you mark either the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1.	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
POLLUTANT And CAS NO.	a. a Testing Beli	a. Believed	b. Believed	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
(if available)		Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony	•														
Total						· ·									
(7440-36-0)	X			0.003	Mg/L										
2M. Arsenic,	-													-	
Total (7440-38-2)	37									1					
	X		ļ	0.001	Mg/L		ļ								
3M. Beryllium Total		l .	1	i											
(7440-41-7)	x			0.003	Mg/L										
4M. Cadmium	1			0.003	WIE/L										
Total															
(7440-43-9)	X		1	0.003	Mg/L										
5M. Chromium															
Total															
(7440-43-9)	X			0.002	Mg/L									·	
6M. Copper Total															
(7550-50-8)	x			0.01	3.5-0										
7M. Lead	^		 	0.01	Mg/L										
Total															
(7439-92-1)	x		İ	0.002	Mg/L										
8M. Mercury															
Total										l i					
(7439-97-6)	X			0.001	Mg/L										
9M. Nickel,			1												
Total	1,,		1	l											
(7440-02-0) 10M. Selenium,	X		-	0.01	Mg/L		ļ							-	
Total								* *							
(7782-49-2)	X			0.002	Mg/L										
11M. Silver,	1		 	0.002	111g/L										
Total	1				1										
(7440-28-0)	X			0.01	Mg/L										

Part C - Continu	ed														
1.		2. MARK "X"				EFF	3. LUENT				4. UNITS		INTAK	5. E (optiona	d)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value .	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail	Avg. able)	d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	Analyses
METALS, CYAN	NIDE AND T	OTAL PHE	NOLS (Con	tinued)											
12M. Thallium, Total (7440-28-0)	X			0.1	Mg/L	-		*			-				
13M. Zinc, Total (7440-66-6)	x			0.004	Mg/L										
14M. Cyanide, Total (57-12-5)	X			0.01	Mg/L	1.									
15M. Phenols, Total				:											
DIOXIN	X	L		0.01	Mg/L	<u> </u>			l						L
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6) GC/MS FRACT	ION VOLA	THE COM	X	DESCRIBE RES	ULTS:			•							
GC/MS FRACT	IOIT - VOLA	TILE COM	OUNDS	1			T	<u> </u>	1						
1V. Acrolein (107-02-8)			X					-			- 1				
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2) 5V. Bromoform			X												
(75-25-2) 6V. Carbon			X		-										
Tetrachloride (56-23-5)			X												
7V. Chloro- benzene (108-90-7)			X	1.											
8V. Chlorodibro- momethane (124-48-1)			X												

Part C - Continu	ied						-								
		2.					3.				4.			5.	
1.		MARK "X"				EFF	LUENT				UNITS		INTAK	E (options	al)
POLLUTANT									* *				a.		b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	×7.3	b. Maximum 3		c. Long-Term		d.	a.	b.	Long-Term Av	g Value	No. of
(if available)	Required	Present	Absent			Value (if avail		Value (if avail		No. of Analyses	Concentration	Mass	(1)	(2)	Analyses
(II available)	Kequireu	Fresent	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Anaiyses			(1) Concentration	(2) Mass	
9V.				Concentiation	112400	Concentration	1111133	Concentration	172455				Concentration		
Chloroethane															
(74-00-3)			X												
10V. 2-Chloro-															
ethylvinyl Ether											· ·				
(110-75-8)	1		X												
11V.															
Chloroform															
(67-66-3)			x												
12V. Dichloro-															
bromomethane				İ											
(75-71-8)		1.0	x			1				1					
14V. 1,1-															
Dichloroethane															
(75-34-3)			x					1							
15V. 1,2-															
Dichloroethane							i								
(107-06-2)			X												
16V. 1,1-															
Dichlorethylene		1						·							
(75-35-4)			X					·		1					
17V. 1,2-Di-															
chloropropane					Ì					-					
(78-87-5)			X												
18V. 1,3-									1						
Dichloropro-								1							
pylene			X												
(452-75-6)															
19V. Ethyl-	1			1										1 1	
benzene	1.		1		1							-			
(100-41-4)	ļ		X												
20V. Methyl	1								1						
Bromide															
(74-83-9)	1		X			l .	<u> </u>			I					

Part C - Continu	ed														
1.	-1	2. MARK "X"					3. LUENT		,,		4. UNITS		INTAK	5. E (optiona	d)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	/ Value	b. Maximum 3 Value (if avail	able)	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Avg		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			х												
22V. Methylene Chloride (75-00-2)	-		X												
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			x												
24V. Tetrachloro- ethylene (127-18-4)			x						-	-					
25V. Toluene (108-88-3)		-	X					* .							
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			х								·				
27V. 1,1,1-Tri- chloroethane (71-55-6)			x		-										
28V. 1,1,2-Tri- chloroethane (79-00-5)			X												
29V. Trichloro- ethylene (79-01-6)			X										-		
30V. Vinyl Chloride (75-01-4)			X				-								

Part C - Continu	ed														
		2.					3.				4.			5.	2
1.		MARK "X"				EFF.	LUENT	Т			UNITS			E (optiona	
POLLUTANT And CAS NO.													a.		b.
And CAS NO.	a. Tantina	а.	b.	a.		b. Maximum 3		c. Long-Term	Avg.	d.	a.	b.	Long-Term Av	g Value	No. of
(if available)	Testing Required	Believed Present	Believed Absent	Maximum Daily		Value (if avail		Value (if avail		No. of	Concentration	Mass	(1)	(2)	Analyses
(II available)	Requireu	Fresent	Absent	(1) Concentration	(2)	(1) Concentration	(2) Mass	(1) Concentration	(2)	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACTI	ON ACID	COMPOUN	DC	Concentration	Mass	Concentration	IVIASS	Concentration	Mass	l		L	Concentration	wiass	
1A. 2-Chloro-	OI - ACID	COMICON	DS .			T	· · · · · ·	1							
phenol											-				
(95-57-8)			X								100				
2A. 2,4-								-							
Dichlor-	-		i												
Orophenol			X	·											
(120-83-2)															
3A.															
2,4-Dimeth-		l.													
ylphenol			X					1							
(105-67-9)															
4A. 4,6-Dinitro-															
o-cresol		-							1.						
(534-52-1)			X												
5A. 2,4-Dinitro-]
phenol															1
(51-28-5)			X							-					
6A. 2-Nitro-															l
phenol			.,,												
(88-75-5) 7A. 4-Nitro-			X												-
phenol			-		l										1
(100-02-7)			x				1								
8A. P-chloro-m-	 		1												
cresol					İ			1							
(59-50-7)			X				-								[
9A.	1		i		-	-	l		-						
Pentachloro-				1			1								
phenol	1		X												
(87-88-5)			1				1								
-															
10A. Phenol	1								ŀ						
(108-05-2)			X												
11A. 2,4,6-Tri-															
chlorophenol			1												
(88-06-2)			X		L	L		<u> </u>	L	L		L	l		<u></u>
GC/MS FRACT	ION – BASE	NEUTRAL	COMPOUN	NDS	,	η				T		г			г
1B. Acena-	1														
phthene (83-32-9)			x	1							1		4		
(83-32-9)		1.	A	1	L	J	l		L	L	l	L	l		

Part C - Continu	ed									1 1 1					
1.	,	2. MARK "X"				EDE	3. LUENT				4. UNITS		DATEAN	5. E (optiona	-1\
POLLUTANT		VIANN A	I			EFF	LUENI				UNITS		a,	E (obnous	b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	Value	b. Maximum 3 Value (if avai		c. Long-Term Value (if avai		d. No. of	a. Concentration	b. Mass	Long-Term Av	g Value	No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	171433	(1) Concentration	(2) Mass	Amaryses
GC/MS FRACTI	ON - BASE/	NEUTRAL	COMPOUN		171433	Concentration	171433	Concentration	171455			·	Concentration	171433	L
2B. Acena-			1	(· · · · ·				T .						
phtylene (208-96-8)			x												,
3B. Anthra-															
cene (120-12-7)			X												
4B.															
Benzidine (92-87-5)			x										-		
5B. Benzo(a)-															
anthracene (56-55-3)			X				,								
6B. Benzo(a)-															
pyrene (50-32-8)			x												
7B. 3,4-Benzo-															-
fluoranthene (205-99-2)			x					,				i			
8B. Benzo(ghl)															
perylene (191-24-2)			x												
9B. Benzo(k)-															
fluoranthene (207-08-9)	1		x												
10B. Bis(2-															
chlor- oethoxy)-			x												
methane															
(111-91-1) 11B. Bis		<u> </u>					-				-				
(2-chlor-							1.								
oisopropyl)- Ether			X												
12B. Bis (2-ethyl-															
hexyl)-			X.					1							
phthalate (117-81-7)															

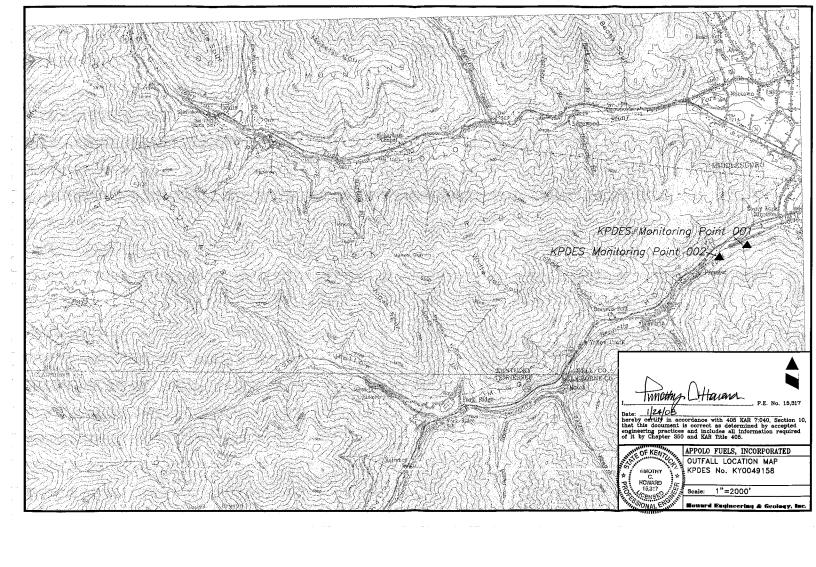
Part C - Continu	ed														
	١,	2. MARK "X"					3. LUENT				4. UNITS		TAUT A Y	5. E (options	
1. POLLUTANT		VIARK "A"				EFF.	LUENT			·	UNIIS	I	a,	к (обионя	b.
And CAS NO.	a. Testing	a.	b.	a.	** •	b. Maximum 3		c. Long-Term	Avg.	d.	a.	b.	Long-Term Av	g Value	No. of
(if available)	Required	Believed Present	Believed Absent	Maximum Daily (1)	(2)	Value (if avail	(2)	Value (if avail	(2)	No. of Analyses	Concentration	Mass	(1)	(2)	Analyses
				Concentration	Mass	Concentration	Mass	Concentration	Mass			<u> </u>	Concentration	Mass	
GC/MS FRACTI	ON - BASE/	NEUTRAL	COMPOUN	DS (Continued)		1									
13B. 4-Bromo- phenyl															
Phenyl ether			X	-											
(101-55-3)			2.												
14B. Butyl-															
benzyl															
phthalate			X	-											
(85-68-7)															
15B. 2-Chloro-					ľ	1									
naphthalene (7005-72-3)									l				· ·		
16B. 4-Chloro-			X												
phenyl			ł												
phenyl ether	-		X												
(7005-72-3)						1.									
17B. Chrysene							İ								1 1
(218-01-9)			X						-			-			-
18B. Dibenzo- (a,h)															
Anthracene			X				i								
(53-70-3)		-	^			1								-	
19B. 1,2-															
Dichloro-															
benzene			X												
(95-50-1)	ļ <u></u>														
20B. 1,3- Dichloro-		1				1 1									
Benzene			x				1								
(541-73-1)			^												1 1
21B. 1,4-		-	 				 								
Dichloro-	1									1					
benzene			X							1 .					
(106-46-7)															
22B. 3,3-															
Dichloro-															
benzidene (91-94-1)			X												
23B. Diethyl	-	 				-	-							-	
Phthalate				1											
(84-66-2)			X												
((((((((((((((((((((<u> </u>	1		L	4			<u></u>	L					

Part C - Continu	ed														
		2.					3.				4.			5.	
1. POLLUTANT		MARK "X"				EFF	LUENT			T	UNITS			E (optiona	
And CAS NO.	a. Testing	a. Believed	b.	a.	** 1	b. Maximum 3		c. Long-Term	Avg.	d.	a.	b.	a. Long-Term Avg	g. Value	b. No. of
(if available)	Required	Present	Believed Absent	Maximum Daily (1)	(2)	Value (if avai	(2)	Value (if avail	(2)	No. of Analyses	Concentration	Mass	(1)	(2)	Analyses
CCAMO ED ACED	ON BACE	NET TOP A	COLEROTO	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTI 24B. Dimethyl	ON - BASE/	NEUTRAL	COMPOUN	DS (Continued)	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·							
Phthalate															
(131-11-3)	l		x			1									
25B. Di-N-													~		
butyl Phthalate		ľ													
(84-74-2)			x									İ			
26B.			1						 						
2,4-Dinitro-	-														
toluene			X												ŀ
(121-14-2)									'						
27B.															
2,6-Dinitro-															
toluene			X												
(606-20-2)															
28B. Di-n-octyl															
Phthalate	-														
(117-84-0)			X												
29B. 1,2-			[
diphenyl-			1												
hydrazine (as			X												
azonbenzene) (122-66-7)															
30B.									<u> </u>						
Fluoranthene			}		1								9		
(208-44-0)			X												
(200 110)					ļ .		 		-						
31B. Fluorene									l						
(86-73-7)			X												
32B.															
Hexachloro-															
benzene		-	X			1							•		
(118-71-1)			1										.		
33B.															
Hexachloro-	l														
butadiene			X												
(87-68-3)															
34B.	1										-				
Hexachloro- cyclopenta-	1		v					1							
diene	1		X												
(77-47-4)	1														
(,,-4)	L	L	L			L	i	L	L	L	L	L	L		l

Part C - Continu	ied														
1.	I .	2. MARK "X"				EFF	3. LUENT				4. UNITS		INTAK	5. E (optiona	d)
POLLUTANT And CAS NO.	a.	a.	b.	a.		b. Maximum 3		c. Long-Term	Avg.	d.	a.	b.	a. Long-Term Av		b. No. of
(if available)	Testing Required	Believed Present	Believed Absent	Maximum Daily (1)	(2)	Value (if avail (1)	(2)	Value (if avail (1)	(2)	No. of Analyses	Concentration	Mass	(1)	(2)	Analyses
GC/MS FRACTI	ION DASE	NIETZED AT	COMPOUR	Concentration	Mass	Concentration	Mass	Concentration	Mass		·		Concentration	Mass	
35B. Hexachlo-	ION - BASE/	NEUTRAL	COMPOUN	DS (Continued)	Γ	I			Γ						
roethane															
(67-72-1)			X												
36B. Indneo-															
(1,2,3-oc)-	ļ														
Pyrene		-	X												
(193-39-5)					-	·					-				
37B.															
Isophorone															
(78-59-1)			X												
38B.															
Napthalene															
(91-20-3) 39B.			X												
Nitro-			}			·									
benzene	4 1		x					N							
(98-95-3)		1	^												
40B. N-Nitroso-															
dimethyl-						-									
amine	,		X		'										
(62-75-9)			1.												
41B.															
N-nitrosodi-n-											*				
propylamine			X					'							
(621-64-7)															
42B. N-nitro-															
sodiphenyl-			-												
amine			X												
(86-30-6)	· · · · · · · · · · · · · · · · · · ·														
43B. Phenan- threne												,			
(85-01-8)			v												
(03-01-0)			X						ļ						
44B. Pyrene															
(129-00-0)			x												
45B. 1,2,4 Tri-			^												
chloro-													-		
benzene			X												
(120-82-1)			"												
	·	1	1			L			Ь						

Part C - Continu	ed														
		2.					3.				4.			5.	
1. POLLUTANT		MARK "X"				EFF.	LUENT	<u> </u>		1	UNITS	r	INTAK a.	E (optiona	b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	v Volue	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail	Avg.	d. No. of	a. Concentration	b. Mass	Long-Term Avg	g. Value	No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
GC/MS FRACTI	ON – PESTI	CIDES		Concentration	111433	Concentration	1111133	Concentration	141433)		l	Concentiation	172400	
1P. Aldrin (309-00-2)			X						·						
2P. α-BHC (319-84-6)			X												
3P. β-BHC (58-89-9)			х							-					-
4P. gamma-BHC (58-89-9)			x			,									
5P. δ-BHC (319-86-8)			x												
6P. Chlordane (57-74-9)			x							-					
7P. 4,4'-DDT (50-29-3)		- 1	X												
8P. 4,4'-DDE (72-55-9)			x	-											
9P. 4,4'-DDD (72-54-8)			X									-		• ,	
10P. Dieldrin (60-57-1)			X												
11P. α- Endosulfan (115-29-7)			X												
12P. β- Endosulfan (115-29-7)			x						-	-			_	-	
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			х												

Part C - Continu	ed												.,		
		2.					3.				4.			5.	
1. POLLUTANT		MARK "X"				EFF	LUENT				UNITS		INTAK	E (optiona	
And CAS NO.	1												a.		b.
Allu CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	. Walaa	b. Maximum 3 Value (if avail		c. Long-Term		d.	a.	b.	Long-Term Av	g Value	No. of
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	Value (if avail (1)	(2)	No. of Analyses	Concentration	Mass	(1)	(2)	Analyses
(Liequireu	resent	Abscut	Concentration	Mass	Concentration	Mass	Concentration	Mass	Analyses			(1) Concentration	Mass	
GC/MS FRACTI	ON - PESTI	CIDES	L		1,111,00	Concentration	1124655	Concentration	_ 174433	·			Concentration	27,44,55	-
15P. Endrin															
Aldehyde								,							
(7421-93-4)			Χ .												İ
16P Heptachlor		·													
(76-44-8)	-		X										. "		
17P. Heptaclor			^												
Epoxide															
(1024-57-3)			X												
								-							
18P. PCB-1242										İ					
(53469-21-9)			X					4 7							
10D DOD 1254			-												
19P. PCB-1254 (11097-69-1)	-		37												
(11097-09-1)			X												
20P. PCB-1221															
(11104-28-2)			X												
21P. PCB-1232															
(11141-16-5)			X												
22P. PCB-1248															
(12672-29-6)			x												
(120/2 25 0)			Α												
23P. PCB-1260						,					. '				
(11096-82-5)			X				-								
24P. PCB-1016															
(12674-11-2)			X												
25D Towarb															
25P. Toxaphene (8001-35-2)			X										ļ		
(5001-55-2)	L		1.^			L			L						



Box 271 2550 W. Hwy 72 Suite ! Harlan, Ky 40831

E-Mail: rlee@Howrdeng-geo.com Phone: (606) 573-6924

Fax:606-573-9543

JAN 2 8 2008

January 24, 2008

Natural Resources & Environmental Protection Cabinet Department for Environmental Protection Division of Water Frankfort Office Park, 14 Reilly Road Frankfort, Kentucky 40601

Subject: Appolo Fuels, Incorporated

NPDES No.: KY0049158 (Renewal Application)

DSMRE No. 848-8005

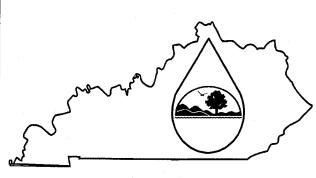
Dear Sir:

Attached please find Form 1 and Form C for the above referenced KPDES permit renewal application. A General Location Map on the Harlan/Rose Hill 7½ minute, USGS topographic map and a cashier's check for \$640.00 for application fee, have been included. Please contact our office if you need any additional information.

Sincerely,

Robert Lee

KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JAN 2 8 2008

PERMIT APPLICATION

This is an application to: (check	one)	A complete application consists of this form and one of the
Apply for a new permit.		following:
Apply for reissuance of ex		Form A, Form B, Form C, Form F, or Short Form C
Apply for a construction p		
Modify an existing permit		For additional information contact:
Give reason for modificati	ion under Item II.A.	KPDES Branch (502) 564-3410
I ELGY ITY I OCATION AN		AGENCY
	D CONTACT INFORMATION	USE
A. Name of business, municipality, com Appolo Fuels, Inc.	pany, etc. requesting permit	
B. Facility Name and Location		C. Facility Owner/Mailing Address
Facility Location Name:		Owner Name:
Appolo Fuels, Inc		Appolo Fuels, Inc.
Facility Location Address (i.e. street, roa	id, etc.):	Mailing Street:
West Winchester Avenue Extension		P.O. Box 1727, West Winchester Avenue Extension
Facility Location City, State, Zip Code:		Mailing City, State, Zip Code:
Middlesboro, KY 40965		Middlesboro, KY 40965 Telephone Number:
		606-248-1535
		000 2 10 1000
II. FACILITY DESCRIPTION	• The second	
		nt Pond Discharge/Coal Mining Activities.
F	· · · · · · · · · · · · · · · · · · ·	
B. Standard Industrial Classifica	tion (SIC) Code and Description	
Principal SIC Code &		
Description:	1221 - Same as "A" above	
Other SIC Codes:		
		1
III. FACILITY LOCATION		
	vey 7 ½ minute quadrangle map for	the site. (See instructions)
B. County where facility is located		City where facility is located (if applicable):
Bell		Bennetts Fork
C. Body of water receiving disch	arge:	
Upper Cumberland River	6	
D. Facility Site Latitude (degrees	s. minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
36-36-03	,,	83-45-14
30 30-03		
E. Method used to obtain latitude	& longitude (see instructions).	USGS 7 1/2 topographic quadrangle map
L. Meniod used to obtain latitude	& longitude (see histractions).	0000 / 1/2 tohoBrahme dimensilie mah
F. Facility Dun and Bradstreet N	umber (DUNS #) (if applicable):	N/A

IV. OWNER/OPERATOR INFORMAT	ΓΙΟΝ		_								
A. Type of Ownership: ☐ Publicly Owned ☐ Privately Owned	ned State Owned	Both Public and Priv	ate Owned Federally owned								
B. Operator Contact Information (See ins	tructions)										
Name of Treatment Plant Operator:		Telephone Number:									
N/A			<u> </u>								
Operator Mailing Address (Street): N/A											
Operator Mailing Address (City, State, Zip Code): N/A											
Is the operator also the owner? Yes No		Is the operator certified? I	f yes, list certification class and number below.								
Certification Class: N/A		Certification Number:									
IVA		<u> </u>									
V. EXISTING ENVIRONMENTAL PE	DMITC										
Current NPDES Number:	Issue Date of Current Per	mit·	Expiration Date of Current Permit:								
	7-30-2004										
Number of Times Permit Reissued:	Date of Original Permit Is	ssuance:	Sludge Disposal Permit Number:								
6	7-26-86		N/A								
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permi	t Number(s):									
	807-8005		N/A								
CATEGORY	EXISTING PE	RMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE								
Air Emission Source	N/A										
Solid or Special Waste	N/A										
Hazardous Waste - Registration or Permit	N/A										
VI. DISCHARGE MONITORING RE	PORTS (DMRs)										
KPDES permit holders are required to s permit). The information in this section se for submitting DMR forms to the Division	rves to specifically ident	vision of Water on a tify the department, off	regular schedule (as defined by the KPDES ice or individual you designate as responsible								
A. Name of department, office or official	submitting DMRs:	Technical Water Lab	poratories, Inc.								
B. Address where DMR forms are to be se	A. Name of department, office or official submitting DMRs: Technical water Laboratories, Inc. 3. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)										
DMR Mailing Name:	DNR/Middlesboro Re	gional Office	and the second s								
DMR Mailing Street:	1804 East Cumberland	1 Avenue									
DMR Mailing City, State, Zip Code:	Middlesboro, KY 4090	65	· .								
DMR Official Telephone Number:	606-248-6166										

VII.	APPI	JCA	TION	FII	ING	REE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Major Industry	\$640.00

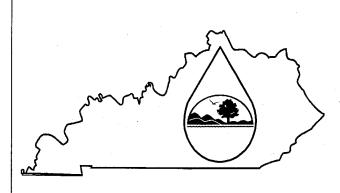
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Gary Asher, President	606-248-1535
SIGNATURE	DATE:
Lary asher	1-25-08

KPDES FORM C

Name of Facility: Appolo Fuels, Inc.



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

JAN 28 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch, (502) 564-3410.

County: Bell AGENCY

I. OUTFALL LO	CATION				USE		
For each outfall list	t the latitude a	nd longitude o	of its location	to the nearest	15 seconds a	nd the name o	of the receiving water.
Outfall No.		LATITUDE			LONGITUDI	3	:
(list)	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	RECEIVING WATER (name)
		·					
Same as Original	-		٠				
						i i	*
				·			

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO.	OPERATION(S) CONTRIBUTI	NG FLOW	TREATMENT	
(list)	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
Same as Original				
	·			
	1			

<u> </u>	, SOURCES OF POL	LUTION, A	ND TREA	TMENT TE	CHNOLOGIE	S (Continued)				
C. Except for	storm water runoff, le	aks, or spills	, are any of	the discharge	s described in It	ems II-A or B ir	termittent or se	easonal?		
	Yes (Complete the	following ta	ible.)	\boxtimes	No (Go t	o Section III.)				
OUTFALL NUMBER	OPERATIONS CONTRIBUTING	FREQU Days	ENCY Months	Flov	v Rate	FLOW Total v	tal volume Duration			
	FLOW	Per Week	Per Year		mgd)		(specify with units) (in			
(list)	(list)	(specify average)	(specify average)	Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily			
III. MAXIM	IUM PRODUCTION	·								
A. Does an e	ffluent guideline limit	ation promul	gated by El	PA under Sect	ion 304 of the C	lean Water Act	apply to your f	acility?		
	Yes (Complete Ite	m III-B) List	t effluent gu	ideline catego	ory:					
	No (Go to Section	,	C		·					
_	mitations in the applic		guideline e	xpressed in te	rms of production	on (or other mea	sures of operat	ion)?		
	Yes (Complete Ite		\boxtimes	No (Go to						
C If you an	aswered "Yes" to Iter	ŕ		•	•	al measurement	of your maxi	mum level of		
productio	n, expressed in the ter	ms and units	used in the	applicable eff	luent guideline,	and indicate the	affected outfal	lls.		
		MAXIMUM				D	Affected C			
Quantity Per	Day Units of	Vleasure	O _I		duct, Material, pecify)	Etc.	(list outfall n	iumbers)		
	•							 -		
IV. IMPRO	VEMENTS									
A. Are you	now required by any	y federal, sta	ate or loca	l authority to	meet any imp	lementation sci	nedule for the	construction,		
A. Are you upgrading discharge	now required by any g, or operation of was described in this ap	stewater equalication? T	uipment or his includes	practices or s, but is not l	any other envi imited to, perm	ronmental prog it conditions, ac	rams which m Iministrative or	ay affect the		
A. Are you upgrading discharge	now required by any g, or operation of was described in this appropriate the compliance of the complia	stewater equalities equalities expenses expenses expenses equalities expenses expenses expenses equalities equalities expenses ex	uipment or his includes tters, stipula	practices or s, but is not lations, court or	any other envi imited to, perm ders and grant o	ronmental prog it conditions, ac or loan condition	rams which m Iministrative or	ay affect the		
A. Are you upgrading discharge orders, en	now required by any g, or operation of was s described in this ap forcement compliance Yes (Complete the	stewater equalities equalities expenses expenses expenses equalities expenses expenses expenses equalities equalities expenses ex	uipment or his includes tters, stipula	practices or s, but is not 1 tions, court or	any other envi imited to, perm	ronmental prog it conditions, ac or loan condition	rams which m Iministrative or	ay affect the		
A. Are you upgrading discharge orders, en	now required by any g, or operation of was described in this appropriate the compliance of the complia	astewater equiplication? To eschedule let established to the following to the established AFFEC	uipment or his includes ters, stipula able)	practices or s, but is not 1 tions, court or No.	any other envi imited to, perm ders and grant o	ronmental progit conditions, action to an condition (Y-B)	rams which m Iministrative on s.	ay affect the		
A. Are you upgrading discharge orders, en	now required by any g, or operation of was s described in this appropriate the Yes (Complete the ION OF CONDITION	astewater equiplication? To schedule let	uipment or his includes ters, stipula able)	practices or s, but is not 1 tions, court or No.	any other envi	ronmental progit conditions, action to an condition (Y-B)	rams which m Iministrative on s.	nay affect the renforcement		
A. Are you upgrading discharge orders, en	now required by any g, or operation of was s described in this appropriate the Yes (Complete the ION OF CONDITION	astewater equiplication? To eschedule let established to the following to the established AFFEC	uipment or his includes ters, stipula able)	practices or s, but is not 1 tions, court or No.	any other envi	ronmental progit conditions, action to an condition (Y-B)	rams which m Iministrative on s.	nay affect the renforcement		

Revised June 1999

environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each

program is now under way or planned, and indicate your actual or planned schedules for construction.

A, B, & C:	space provided	s before proceedi l. s V-A, V-B, and V					te the outfal	l number in the
which you k	now or have rea	ny of the pollutar son to believe is o you believe it to b	discharged or	may be disch	arged from any	outfall. For eve	ery pollutant	structions, t you list,
POLLU	TANT	SOU	RCE		POLLUTANT		SOU	RCE
N/A								
VI. POTENTI	AL DISCHARO	GES NOT COVI	ERED BY AN	ALYSIS				
		n V-C a substance s as an immediate				use or produce	e, or expect	to use or
	Yes (List all su	ch pollutants belo	ow)	\boxtimes	No (Go to I	tem VI-B)		
		t your raw mater during the next 5						your
	Yes (Complete	Item VI-C)	\boxtimes N	No (Go to Iten	ı VII)			
expected lev		m VI-B, explain a stants which you a more space.						
}								
.								
	• • •							

V. INTAKE AND EFFLUENT CHARACTERISTICS

VII. BIOLOGICA	L TOXICITY TESTING	DATA			
Do you have any know discharges or on a rec	wledge of or reason to belie eiving water in relation to	eve that any biologic your discharge withi	al test for acute or n the last 3 years?	chronic tox	xicity has been made on any of your
Yes	(Identify the test(s) and de	scribe their purpose	s below)	\boxtimes	No (Go to Section VIII)
VIII. CONTRACT	ANALYSIS INFORMA	TION			
<u> </u>		· · · · · · · · · · · · · · · · · · ·			
	ses reported in Item V perf (list the name, address, an analyzed by each such la	d telephone number	of, and pollutants	sutting initi	No (Go to Section IX)
NAME	AD J	DRESS	TELEPH (Area code &		POLLUTANTS ANALYZED (list)
				· · · · · · · · · · · · · · · · · · ·	
CT DEVICE HEND		 			
IX. CERTIFICATION	<u>N</u>				
with a system designe of the person or perso submitted is, to the be	d to assure that qualified pens who manage the system	ersonnel properly ga n, or those persons o belief, true, accurate	ither and evaluate lirectly responsible, and complete. I	the informa e for gather am aware th	rection or supervision in accordance ation submitted. Based on my inquiry ring the information, the information that there are significant penalties for ations.
NAME AND OFFICE	AL TITLE (type or print):				IBER (area code and number):
Gary Asher, President			606-248 DATE	-1535	
SIGNATURE	Lary	asher	DATE	t	- 25 - 08

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND	EFFLUENT CHA	RACTERIST	ICS (Continued fro	om page 3 of Fo	rm C)					OUTFALL NO.			
Part A – You must	provide the results	of at least one a	analysis for every po	llutant in this tab 2. EFFLUENT	ele. Complete one tal	ole for each outf	all. See instruction	ns for additional detai 3. UNI (specify if	TS	4. INTAKE (optional)			
1. POLLUTANT	a. Maximum I	Daily Value	b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of	a. Concentration	b. Mass	a. Long-Term A	b.		
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	No of Analyses	
a. Biochemical Oxygen Demand (BOD)								-					
b. Chemical Oxygen Demand (COD)													
c. Total Organic Carbon (TOC)									·				
d. Total Suspended Solids (TSS)	12.0	Mg/l								-			
e. Ammonia (as N)													
f. Flow (in units of MGD)	VALUE		VALUE		VALUE				MGD	VALUE			
g. Temperature (winter)	VALUE	41.2	VALUE		VALUE		7		°c	VALUE			
h. Temperature (summer)	VALUE	74	VALUE		VALUE				°c	VALUE			
i. pH	MINIMUM 6.43	MAXIMUM 8.43	MINIMUM 7.0	MAXIMUM 7.81	- 1			STAN	DARD UNITS			* .	

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements

requirements.														
1. POLLUTANT	MAR					3. FLUENT				4. UNITS		6. INTAKE (optional)		
AND CAS NO.	a.	b.	a. Maximum Da	ily Volue	b. Maximum 3		c. Long-Tern) Ava	d.	UNIIS		a. Long-Term		b.
AND CAS NO.	a.	D.	a. Maximum Da	ny value	Value (if avail		Value (if ava		No. of	a.	b.	Value	Avg	No. of
(if available)	Believed	Believed	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration	Mass	(1)	(2)	Analyses
	Present	Absent	Concentration	Mass	Concentration	Mass	Concentration	Mass	_	·	-	Concentration	Mass	
a. Bromide														
(24959-67-9)		X												
b. Bromine Total				-										
Residual		X												
						-								
c. Chloride		X												:
d. Chlorine,														
Total Residual		v							*					
Residual		X												
e. Color		x			-									
f. Fecal														
Coliform		X												
g. Fluoride					·									
(16984-48-8) h. Hardness		X											_	
(as CaCO ₃)	X		327	Mg/L										
i. Nitrate -														
Nitrite (as N)		X										'		
j. Nitrogen, Total														
Organic					-									
(as N)		X	}											
k. Oil and									-					
Grease	ļ	X												
Phosphorous (as P), Total		-						1.				-		, 1
7723-14-0		x												
m.		·	1	·								L		
Radioactivity										,		·		
(1) Alpha,														
Total (2) Beta,	 	X	ļ		 			ļ		l			-	
(2) Beta, Total		x												
(3) Radium	 	1 -		<u> </u>		<u> </u>								
Total		X												
(4) Radium,												1		
226, Total		X	L	L	1	L	L	l	I	L	L	L	L	

1. POLLUTANT	MAR	2. K "X"				3. FLUENT				4. UNITS	,	5. INTAKE (optional)			
And CAS NO.	a.	b.	a. Maximum Dail	y Value	b. Maximum 3 Value (if avail		c. Long-Tern Value (if ava		d. No. of	a.	b.	a. Long-Term Avg		b. No. of	
(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses	
n. Sulfate (as SO ₄) (14808-79-8)			78	Mg/l										-	
o. Sulfide (as S)		х													
p. Sulfite (as SO ₄) (14286-46-3)		X					·								
q. Surfactants		X								·					
r. Aluminum, Total (7429-90)		х													
s. Barium, Total (7440-39-3)		х													
t. Boron, Total (7440-42-8)		x													
u. Cobalt, Total (7440-48-4)		x													
v. Iron, Total (7439-89-6)	x		7.0	Mg/	3.5	Mg/									
w. Magnesium Total (7439-96-4)		x													
x. Molybdenum Total (7439-98-7)		х													
y. Manganese, Total (7439-96-6)	x		4.0	Mg/	2.0	Mg/									
z. Tin, Total (7440-31-5)		х													
aa. Titanium, Total (7440-32-6)		х													

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the Testing Required column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X: in the Believed Absent column for each pollutant you believe to be absent. If you mark either the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1.]	2. MARK "X"				EFF	3. LUENT				4. UNITS		INTAK	5. E (optiona	
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	y Value	b. Maximum 3 Value (if avai		c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	٠		(1) Concentration	(2) Mass	
METALS, CYAI	NIDE AND T	OTAL PHE	NOLS												
1M. Antimony Total (7440-36-0)	x	-		0.003	Mg/L										
2M. Arsenic, Total (7440-38-2)	X			0.001	Mg/L										
3M. Beryllium Total (7440-41-7)	x			0.003	Mg/L							-	-		
4M. Cadmium Total (7440-43-9)	x			0.003	Mg/L										
5M. Chromium Total (7440-43-9)	x			0.002	Mg/L										
6M. Copper Total (7550-50-8)	X			0.002	Mg/L										
7M. Lead Total (7439-92-1)	X			0.002	Mg/L										
8M. Mercury Total (7439-97-6)	X			0.001	Mg/L										
9M. Nickel, Total (7440-02-0)	x			0.01	Mg/L										
10M. Selenium, Total (7782-49-2)	x			0.002	Mg/L										
11M. Silver, Total (7440-28-0)	X			0.01	Mg/L										

Part C - Continu	ed														
1. POLLUTANT	1	2. MARK "X"				EFF	3. LUENT				4. UNITS			5. Œ (optiona	ıl)
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	y Value	b. Maximum 3 Value (if avai		c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	Analyses
METALS, CYAN	VIDE AND T	OTAL PHE	NOLS (Con	tinued)											
12M. Thallium, Total (7440-28-0)	x			0.1	Mg/L		-								
13M. Zinc, Total (7440-66-6)	X			0.004	Mg/L										
14M. Cyanide, Total															
(57-12-5) 15M. Phenols,	X			0.01	Mg/L										
Total	x			0.01	Mg/L										
DIOXIN			-												
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			x	DESCRIBE RES	SULTS:										
GC/MS FRACT	ION – VOLA	TILE COM	POUNDS												
1V. Acrolein (107-02-8)			x												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
5V. Bromoform (75-25-2)			X									14.			
6V. Carbon Tetrachloride (56-23-5)			x										. '	-	
7V. Chloro- benzene (108-90-7)			x												
8V. Chlorodibro- momethane (124-48-1)			X	·						·					

Part C - Continu	ed														
1.		2. MARK "X"				FFF	3. LUENT				4. UNITS		INTAK	5. E (optiona	ın.
POLLUTANT And CAS NO.	a.	a.	b.	a.		b. Maximum 3	0-Day	c. Long-Term		d.	a.	b.	a. Long-Term Av		b. No. of
(if available)	Testing Required	Believed Present	Believed Absent	Maximum Daily (1)	(2)	Value (if avail	(2)	Value (if avail	(2)	No. of Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
9V.				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
Chloroethane (74-00-3)			x				-								
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			х												
11V. Chloroform			Δ											_	
(67-66-3)			x	-											
12V. Dichloro- bromomethane											-				
(75-71-8)			X												
14V. 1,1- Dichloroethane		-													
(75-34-3) 15V. 1,2-			X										:		
Dichloroethane (107-06-2)			X						٠.						
16V. 1,1- Dichlorethylene															
(75-35-4) 17V. 1,2-Di-		-	X												
chloropropane (78-87-5)			x												
18V. 1,3- Dichloropro-															
pylene (452-75-6)			X												
19V. Ethyl- benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												

Part C - Continu	ed														
1.		2. MARK "X"				EFF	3. LUENT				4. UNITS		INTAK	5. E (optiona	ıl)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avail	0-Day	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Avg		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			x												
22V. Methylene Chloride		-													
(75-00-2) 23V. 1,1,2,2- Tetrachloro-		-	X											-	
ethane (79-34-5) 24V.			Х					,							
Tetrachloro- ethylene (127-18-4)			x												
25V. Toluene (108-88-3)	-		X												·
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			x												
27V. 1,1,1-Tri- chloroethane (71-55-6)			X												·
28V. 1,1,2-Tri- chloroethane (79-00-5)			X									-			-
29V. Trichloro- ethylene (79-01-6)			X												
30V. Vinyl Chloride (75-01-4)			X					-			-				

Part C - Continu	ed														
		2.					3.				4.			5.	
1.	I	MARK "X"				EFF	LUENT				UNITS			E (optiona	
POLLUTANT And CAS NO.							0 T)				_		a. Long-Term Av	w Wolne	b. No. of
Allu CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Volue	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail	Avg.	d. No. of	a. Concentration	b. Mass	Long-Term Av	g value	Analyses
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration	Mass	(1)	(2)	12000
(Concentration	Mass	Concentration	Mass	Concentration	Mass	- Tames			Concentration	Mass	1
GC/MS FRACTI	ON - ACID	COMPOUN	DS									<u> </u>			
1A. 2-Chloro-					T										
phenol															
(95-57-8)			X												
2A. 2,4-															
Dichlor-															1
Orophenol		1	X												
(120-83-2)							 								1
3A. 2,4-Dimeth-													-		
ylphenol	-		X	1											
(105-67-9)			Α												
4A. 4,6-Dinitro-							 								
o-cresol							ļ								
(534-52-1)			X												
5A. 2,4-Dinitro-															
phenol	-							1				ŀ			
(51-28-5)			X				ļ		· .						
6A. 2-Nitro-			1					,							
phenol (88-75-5)			x					'							1
7A. 4-Nitro-			A		 		-	<u> </u>	ļ	l					
phenol					'							1			
(100-02-7)	1		X												
8A. P-chloro-m-			1												
cresol		1			1	-				İ					
(59-50-7)			X												
9A.															
Pentachloro-							ĺ								
phenol		}	X			1									
(87-88-5)	 	 		-	-	 	 		1			-			
10A. Phenoi						1			1						
(108-05-2)			X						1						
11A. 2,4,6-Tri-	 	 	A			 	1		 	1					
chlorophenol								1							
(88-06-2)		-	X												
GC/MS FRACT	ION - BASE	/NEUTRAL	COMPOU	NDS											
1B. Acena-												1			
phthene		1													
(83-32-9)	J	1	X		<u> </u>	1		1	1,	1	L	L		l	

Part C - Continu	ed														
1.	ľ	2. MARK "X"					3. LUENT				4. UNITS		INTAK	5. E (optiona	1)
POLLUTANT													a.		b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Volue	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	Long-Term Av	g Value	No. of Analyses
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration	IVIA33	(1) Concentration	(2) Mass	, zmary ses
GC/MS FRACTI	ON - BASE/	VELITRAL	COMPOUN	Concentration OS (Continued)	Mass	Concentration	Mass	Concentration	Mass			L	Concentration	NIASS	1
2B. Acena-	D. L. D. L. D. L.	Letiens		(continued)	I										
phtylene (208-96-8)	-		X												
3B. Anthra-															
cene (120-12-7)			X												
4B.									-						
Benzidine (92-87-5)			X								-				
5B. Benzo(a)-															
anthracene (56-55-3)			x												
6B. Benzo(a)-															
pyrene (50-32-8)	-		x												
7B. 3,4-Benzo- fluoranthene															
(205-99-2)			x												
8B. Benzo(ghl)															
perylene (191-24-2)			x												
9B. Benzo(k)-															
fluoranthene (207-08-9)			x												
10B. Bis(2- chlor-		111				-					-				
oethoxy)-			X												
methane (111-91-1)			1												
11B. Bis															
(2-chlor- oisopropyl)-			x												
Ether			1		<u> </u>									-	
12B. Bis (2-ethyl-								1							
hexyl)-			X				1								
phthalate (117-81-7)															

Part C - Continu	ed				-			· · · · · · · · · · · · · · · · · · ·							
		2.					3.				4.			5.	
1.	P	MARK "X"				EFF)	LUENT				UNITS			E (optiona	
POLLUTANT And CAS NO.	a.	a.	b.			b. Maximum 3	n Day	c. Long-Term	A	d.	a.	b.	a. Long-Term Avg	Value	b. No. of
Alla CAS NO.	a. Testing	Believed	Believed	a. Maximum Daily	Value	Value (if avail		Value (if avail	Avg.	No. of	Concentration	Mass	Long-Term Av	, varue	Analyses
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration		(1)	(2)	
,				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTI	ON – BASE/	NEUTRAL	COMPOUN	DS (Continued)											
13B. 4-Bromo-								·							
phenyl			.,												
Phenyl ether (101-55-3)	'		X	·							-				
14B. Butyl-											,				
benzyl															
phthalate			X												
(85-68-7)															
15B. 2-Chloro-															
naphthalene															
(7005-72-3) 16B. 4-Chloro-			X												
phenyl								*							
phenyl ether			x					·							1
(7005-72-3)			1												
17B. Chrysene															
(218-01-9) 18B. Dibenzo-			X												
(a,h)															
Anthracene			X												
(53-70-3)			1					1							
19B. 1,2-															
Dichloro-	i														
benzene			X	,											
(95-50-1) 20B. 1,3-									ļ						
Dichloro-															
Benzene		-	X												
(541-73-1)			1												
21B. 1,4-															
Dichloro-			1												
benzene			X												
(106-46-7) 22B. 3,3-	1	-	ļ		-							-			
Dichloro-															
benzidene			X												
(91-94-1)			-				L								
23B. Diethyl															
Phthalate			1	1									,		
(84-66-2)	L		X		L	J		l	<u></u>	1					i

Part C - Continu	ied														
		2.					3.				4.			5.	
1.		MARK "X"				EFF	LUENT				UNITS			E (options	
POLLUTANT And CAS NO.										_		١. ١	a.		b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	. 37-1	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail		d. No. of	a.	b.	Long-Term Avg	g. Value	No. of Analyses
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration	Mass	(1)	(2)	Analyses
(11 11 11 11 11 11 11 11 11 11 11 11 11	Required	Tresent	Abscut	Concentration	Mass	Concentration	Mass	Concentration	Mass	Allaiyses			Concentration	Mass	
GC/MS FRACTI	ON - BASE/	NEUTRAL	COMPOUN		141433	Concentration	112433	Concentration	171433	-		l	Concentration	11,2400	
24B. Dimethyl		1		(00000000)	[T						
Phthalate												· :			
(131-11-3)			X												
25B. Di-N-															
butyl Phthalate															
(84-74-2)			X												
26B.															
2,4-Dinitro-															
(121-14-2)		ŀ	X												
27B.															ļI
2,6-Dinitro-															
toluene			X												
(606-20-2)			Α .				l			1					
28B. Di-n-octyl															
Phthalate						•				1					
(117-84-0)		l	X						1						
29B. 1,2-															
diphenyl-															
hydrazine (as			X												
azonbenzene)															
(122-66-7) 30B.	ļ	ļ			ļ				-			<u> </u>			
Fluoranthene															
(208-44-0)			X				i								
(200 11 0)	ļ -		12.												
31B. Fluorene									İ						
(86-73-7)	1		X						l						
32B.															
Hexachloro-											,				
benzene			X												
(118-71-1)															
33B.					1	ļ.									
Hexachloro-			W												1.
butadiene (87-68-3)			X												
(87-08-3) 34B.	ļ					-	 		-	<u> </u>					-
Hexachloro-					1										
cyclopenta-			x		1.			*							
diene															
(77-47-4)															
		1	-			•									

(if available) Testing Believed Required Present Absent (1) (2) (1) (2) (1) (2) Analyses No. of Concentration Mass (1) (2) (2)	5. INTAKE (a. Long-Term Avg V (1) Concentration	(optional) b.
POLLUTANT And CAS NO. Testing Required Present Absent (if available) GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued) a. a. b. Maximum Daily Value Value (if available) Value (if available) Value (if availabl	a. Long-Term Avg V	Value b. No. of Analyses
And CAS NO. a. Testing (if available) Required Present Absent Concentration Absent GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued) And CAS NO. a. Maximum Daily Value Value (if available) Value (if available) Value (if available) Value (if available) Value (if available) Value (if available) Value (if available) Value (if available) Value (if available) Value (if available) Value (if available) No. of Concentration Mass Concentration Mass Concentration Analyses	Long-Term Avg V	Value No. of Analyses
Testing Required Present Believed Absent (1) (2) (2) (3) (4)	(1)	(2) Analyses
(if available) Required Present Absent (1) (2) (1) (2) (1) (2) (1) (2) Analyses GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued) 35B. Hexachlo-	(1) Concentration	(2)
Concentration Mass Concentration	Concentration	(2) Mass
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued) 35B. Hexachlo-	Concentration	Mass
35B. Hexachlo-		
(67-72-1) X		
36B. Indneo-		
(1.2,3-oc)-		
Pyrene X		
(193-39-5)		
37B.		
Isophorone		
(78-59-1) X 38B.		
Napthalene		
(91-20-3) X		
39B.		
Nitro-		
benzene		
(96°9)-3) 40B. N-Nitroso-		-
40B. N-NIUOSO- dimethyl-		
amine X		
(62-75-9)		
(U-2-7-7) 41B.		
N-nitrosodi-n-		
propylamine X		
(621-64-7)		
42B. N-nitro-		
sodiphenyl-		
amine X		
(86-30-6)		
43B. Phenan-		
threne		
(85-01-8) X		
44B. Pyrene		
(129-00-0) X		
45B. 1,2,4 Tri-		
chloro-		
benzene X		
(120-82-1)		

Part C - Continu	ed														
		2. MARK "X"					3. LUENT				4. UNITS		INTAK	5. E (optiona	n.
1. POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	v Value	b. Maximum 3 Value (if avail	0-Day	c. Long-Term Value (if avail	Avg.	d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACTI	ON – PESTI	CIDES					· · ·	1					T	l	
1P. Aldrin (309-00-2)			Х												
2P. α-BHC (319-84-6)			x										:		-
3P. β-BHC (58-89-9)			x						-	-					
4P. gamma-BHC (58-89-9)			x												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			x												-
9P. 4,4'-DDD (72-54-8)			х												
10P. Dieldrin (60-57-1)	-		x												
11P. α- Endosulfan (115-29-7)			х												
12P. β- Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			x												
14P. Endrin (72-20-8)			X												

Part C - Continu	icu .	2.					2							5.	
1.	,	Z. MARK "X"				EFF	3. LUENT	*			4. UNITS		INTAK	– 5. Œ (optiona	al)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	Value	b. Maximum 3 Value (if avai	0-Day	c. Long-Term Value (if avail	Avg.	d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACT	ON – PESTI	CIDES			112460		1111100	Concentration	112400				Concentration	1.2400	
15P. Endrin Aldehyde (7421-93-4)			x												
16P Heptachlor (76-44-8)			х												
17P. Heptaclor Epoxide (1024-57-3)		-	X												
18P. PCB-1242 (53469-21-9)			X								-				
19P. PCB-1254 (11097-69-1)			x												
20P. PCB-1221 (11104-28-2)			x							-					
21P. PCB-1232 (11141-16-5)			x					-							
22P. PCB-1248 (12672-29-6)			X						-						
23P. PCB-1260 (11096-82-5)			x												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X									-			

